EFFECTIVENESS OF INFORMATION, EDUCATION AND COMMUNICATION PACKAGE ON KNOWLEDGE AND EXPRESSED PRACTICES OF PREVENTION AND MANAGEMENT OF COMMON PROBLEMS DURING INFANCY

By

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A DISSERTATION SUBMITTED TO THE TAMILNADU Dr. M.G.R. MEDICAL UNIVERSITY, CHENNAI IN PARTIAL FULFILMENT OF THE REQUIREMENT FOR THE DEGREE OF MASTER OF SCIENCE IN NURSING

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CERTIFICATE

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TO WHOMSOEVR IT MAY CONCERN

This is to certify that Ethical Committee of Dr. G. Sakunthala College of Nursing has discussed with its members the topic "A pre experimental study to evaluate the effectiveness of information, education and communication package on knowledge and expressed practices of Prevention and Management of Common Problems during Infancy on mothers of infant" opted by Ms. G. KARTHIGA and its implication on study objects for her thesis for M.Sc. Nursing programme and the committee passed clearance for the same topic for her to persue.

Prof. Mrs. SANTHAM SWEETROSE, ***M.Sc.(N), Ph.D***

ETHICAL COMMITTEE

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ABSTRACT

A Pre Experimental study to evaluate the effectiveness of Information, Education and communication package on knowledge and expressed practices of prevention and management of common problems during infancy on mothers of infant in Srirangam, Trichy, 2010.

Objectives

1. To assess the knowledge of prevention and management of common problems during infancy on mothers of infant before and after IEC package.
2. To assess the expressed practices of prevention and management of common problems during infancy on mothers of infant before and after IEC package.
3. To determine the relationship between the knowledge and expressed practices of prevention and management of common problems during infancy on mothers of infant.
4. To determine the association between the knowledge of prevention and management of common problems during infancy on mothers of infant with selected background variables.
5. To determine the association between the expressed practices of prevention and management of common problems during infancy on mothers of infant with selected background variables.

Conceptual framework	:	Rosenstock's and Becker's health belief model.
Research design	:	Pre experimental design O1 X O2
Population	:	mothers of infant.

Sample size	:	40 mothers of infant.
Sampling technique	:	non probability convenience sampling
Setting	:	Srirangam community area, Trichy.
Tool	:	knowledge and expressed practice questionnaire.

Data collection

Pretest was administered for 30 minutes to each mother and the Information, education and communication package was given to the participants for 90 minutes. The investigator had completed 3 samples daily and after15 days, posttest was administered to assess the knowledge and expressed practice.

Data analysis

The analysis was done by SPSS 13^{th} version using descriptive statistics (frequency, percentage, mean and standard deviation) and inferential statistics (paired 't' test, correlation and chi square test) to test the research hypotheses.

Major findings

1. The mean pretest level of knowledge is higher than the mean post test level of knowledge.
2. The mean pretest level of expressed practice is higher than the mean post test level of expressed practice.
3. There is significant improvement in the level of knowledge and expressed practice after administering the IEC package which shows the IEC given was effective.
4. There was a positive correlation between the post test knowledge and post test expressed practice of mothers.

5. Significant association was found between the posttest knowledge and background variables of mothers of infant such as education ($p < 0.01$), occupation ($p < 0.01$), family income ($p < 0.05$) and source of information ($p < 0.05$).
6. Significant association was found between the post test level of expressed practice and selected back ground variables of mothers of infant such as education ($p < 0.05$), occupation ($p < 0.01$), family income ($p < 0.05$), Type of family ($p < 0.05$) and source of information ($p < 0.01$).

Conclusion

There was an improvement in the knowledge and expressed practice of mothers of infants regarding prevention and management of common problems during infancy after IEC package.

There was a strong relationship between knowledge and expressed practices of prevention and management of common problems during infancy on mothers of infants. Therefore, if the knowledge of the mother increased, simultaneously the expressed practice also increased.

The background variables of mothers of infants such as education, occupation, family income and source of information play a major role in knowledge.

There was a significant association found between expressed practices and certain background variables of mothers of infants such as educational status of mothers, occupation and source of information.

CHAPTER – I

INTRODUCTION

BACKGROUND OF THE STUDY

Children are future citizens of nation. The welfare of today's children produces the health and welfare of the community tomorrow. They are wet clay in the potters' hands; Handled with care they become something beautiful (or) else they break and become discarded. WHO in the year 2003 focused its activities towards children with a theme, "Healthy environment for the children".

Wong (2007), stated that the term 'infant' is derived from the Latin word 'infans', meaning "unable to speak or speechless." It is typically applied to children between the ages of 1 month to 12 months.

Suraj Gupte (2001) stated that protein energy malnutrition, serious systemic infections, upper respiratory tract infections, accidents and diarrheal diseases are the common problems which dominated in India.

Ghai, O.P. (2003) declared that diarrhea is the passage of liquid or watery stool more than three times a day. However, it is the recent change in consistency of stools rather than the number of stools that is the more important feature.

Prevention of diarrhea and its nutritional consequences should receive major emphasis in health education. Oral Rehydration therapy (ORT) today is at the core of management of diarrhea.

Elizabeth, K.E. (2002), stated that the upper respiratory tract, or upper airway, consists of the oro naso pharynx, pharynx, larynx, and

upper part of the trachea. Respiratory infections spread from one structure to another because of the contiguous nature of the mucous membrane lining the entire tract.

Wong (2007) stated that infants are more susceptible to the upper respiratory tract infections. The best means for prevention is avoiding contact with affected persons, careful disposal of tissues, washing hands thoroughly after nose blowing or sneezing. Rest and moist inhalation are the best management for upper respiratory tract infections.

Tambulwadkar (2005) stated that an accident is a sudden cause of death or an emergency in children. Accidents are usually related to the growth and development of the children. The children may have an accident in the home or surrounding the home, where they play, explore, or imitate others.

Children from the age of six months to one year can move from place to place. The mobility increases as children learn to turn from side to side, creep, crawl, cruise and walk. Gradually, they learn to climb up and down. These sudden changes in their activities may place the children at the risk of accidents.

Park, K. (2007), stated that mothers need to know about a safe environment for their children from early infancy. They must have an understanding about the children's developmental changes. The mothers must know about the common health problems such as infections and potential dangers of accidents related to the child's age and various situations.

SIGNIFICANCE AND NEED FOR THE STUDY

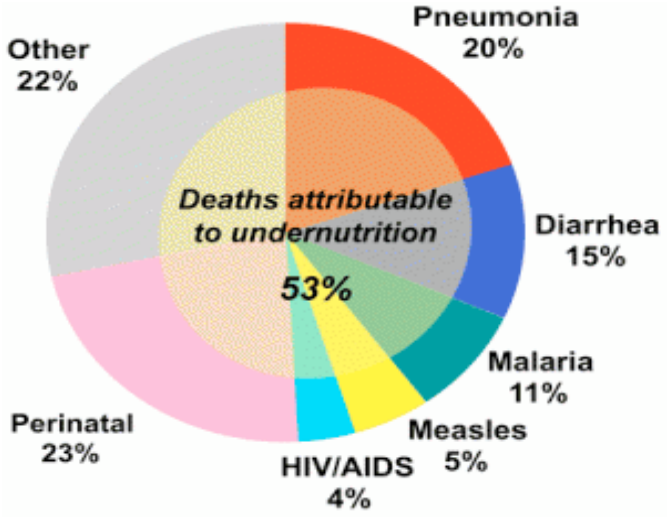
Children require the care, love and stimulation of parents and families, as well as the best and safest of environment to survive and develop to their full potential.

The environment influences children at all stages of their lives, before birth and in their homes, schools and communities. They are affected by media such as water, air, food, objects or soil; and they are affected by their daily activities or circumstances, including eating, drinking, working and playing .

Park, K. (2007) stated that the principal causes of infant mortality in India are respiratory infections (17%), diarrheal diseases (4%), and other diseases (18%).

The morbidity burden due to respiratory and gastrointestinal illness is high in a South Indian urban slum, with children ill for approximately one fifth of infancy, mainly with respiratory and gastrointestinal illnesses.

WHO and UNICEF statistics (2005) reported that distribution of 10.5 million deaths among children less than 5 years old in developing countries.



World historical and predicted infant mortality rates per 1,000 births (2000–2050) by UNICEF.

YEARS	RATE
2000-2005	52
2005-2010	47
2010-2015	43
2015-2020	40
2020-2025	37
2025-2030	34
2030-2035	31
2035-2040	28
2040-2045	25
2045-2050	23

Suraj Gupta (2001) stated that the diarrheal diseases rank among the “top three” causes of deaths in pediatric population of the developing world. Globally, approximately 4-5 million deaths occur as a result of diarrheal diseases every year. Eight out of these ten deaths are in the first year of life. On an average, a child suffers from around 12 episodes of

diarrhea for such episodes are occurring during the very infancy and other episodes occurring during the late infancy.

Home accidents are more common in infants. Because children are small, they are close to the ground, where they also crawl and play and where they can be exposed to dust and chemical particulates that accumulate on floors and soil. Close parental care and supervision is, therefore, crucial to the safe and healthy development of young children.

Mothers are usually the primary care providers to children. They should essentially have the knowledge of preventive measures. So that they can protect their children from the risks of getting diarrhea, home accident, and upper respiratory tract infection.

The need for information is universal. Every illness produces a need for additional information. These needs can be met through education. Awareness helps to meet and cope with the worst expected, in the best possible way with maximum efficiency. Hence, it is essential that these mothers must believe the necessary information. Information can be disseminated by visual and verbal form. An information, education and communication package can be an effective and economical teaching aid which can be used for this study.

Hence the investigator felt that there is a need to conduct study on effectiveness of Information education communication package on knowledge and expressed practices of prevention and management of common problems during infancy on mothers of infant in Trichy, Tamilnadu.

STATEMENT OF THE PROBLEM

A Pre Experimental study to evaluate the effectiveness of Information, Education and communication package on knowledge and expressed practices of prevention and management of common problems during infancy on mothers of infant in Srirangam, Trichy, 2010.

OBJECTIVES OF THE STUDY

1. To assess the knowledge of prevention and management of common problems during infancy on mothers of infant before and after IEC package.
2. To assess the expressed practices of prevention and management of common problems during infancy on mothers of infant before and after IEC package.
3. To determine the relationship between the knowledge and expressed practices of prevention and management of common problems during infancy on mothers of infant.
4. To determine the association between the knowledge of prevention and management of common problems during infancy on mothers of infant with selected background variables.
5. To determine the association between the expressed practices of prevention and management of common problems during infancy on mothers of infant with selected background variables.

RESEARCH HYPOTHESES

At $p<0.05$ level.

H1 : There will be a significant improvement in the level of knowledge on prevention and management of common problems during infancy on mothers of infant after an IEC package.

H2 : There will be a significant difference in the level of expressed practices of prevention and management of common problems during infancy on mothers of infant after an IEC package.

H3 : There will be a significant relationship between knowledge and expressed practices of prevention and management of common problems during infancy on mothers of infant.

H4 : There will be a significant association between the knowledge of prevention and management of common problems during infancy on mothers of infant and selected background variables.

H5 : There will be a significant association between the expressed practices of prevention and management of common problems during infancy on mothers of infant and selected background variables.

OPERATIONAL DEFINITION

Effectiveness

Effectiveness is the result produced by agent or action.

In this study it refers to producing the desired or intended result of Information, education and communication on prevention and management of common problems during infancy as measured by the knowledge and expressed practice questionnaire.

Information, Education and Communication (IEC) Package

Information, Education and Communication package is a combination of multiple strategies that enable individuals, families, groups, organizations and communities to play active roles in achieving, protecting and sustaining their own health.

In this study IEC package refers to a technique which helps to provide awareness in mothers of infant that change their knowledge level by using flash cards and handouts. Home accidents were explained through flash cards and definition, causes, signs and symptoms, prevention and management of diarrhea and upper respiratory tract infections were explained through handouts.

Knowledge

Knowledge refers to information acquired through experience and education.

In this study, knowledge refers to awareness and understanding about prevention and management of common problems (diarrhea, upper respiratory tract infection and home accidents) during infancy on mothers of infant by information, education and communication package as measured by knowledge questionnaire.

Expressed Practice

The actual application of any method.

In this study, it refers to the desired practice regarding prevention and management of common problems (diarrhea, upper respiratory tract infection and home accidents) during infancy which is expressed by mothers of infant as measured by expressed practice questionnaire.

Prevention

Action taken prior to the onset of disease, removes the possibility that a disease will ever occur.

In this study it refers to all measures to reduce the incidence of common problems (diarrhea, upper respiratory tract infection and home accidents) during infancy by reducing the risk of onset.

Management

Any attempt to intervene (or) interrupt the usual sequence in the development of disease.

In this study it refers to the provision of treatment, education, help (or) social supports to the common problems (diarrhea, upper respiratory tract infection and home accidents) during infancy.

Common Problems During Infancy

Ordinary problems which happen very frequently during infancy.

In this study it refers to the common problems during infancy such as diarrhea, upper respiratory tract infection and home accidents.

Infancy

Children between the ages of 1 month to 12 months.

In this study it refers to the children of the age group of 6-12 months.

Mothers of Infant

Mothers who are having a child in the age group of 1-12 months.

In this study it refers to mothers who are having a child in the age group of 6-12 months.

ASSUMPTIONS

1. Teaching of health information will improve the knowledge and expressed practice of prevention and management of common problems during infancy on mothers of infants.
2. IEC enables us to reach out the prevention and management of common problems (diarrhea, upper respiratory tract infection and home accidents) during infancy on mothers of infants to decrease the infant morbidity and mortality rate.

DELIMITATION

The study was delimited to

mothers of infant (6-12 months).

six weeks of data collection period.

sample size of 40 mothers only.

CHAPTER – II

REVIEW OF LITERATURE

Review of literature is a key step in research process. Review of literature refers to an extensive, exhaustive and systematic examination of publications relevant to the research project. The review of related literature is a valuable guide to define the problem, recognizing its significance, suggesting promoting data gathering devices, appropriate study design and source of data.

The review of literature is arranged in the following sections.

Section A: Literature related to prevention and management of diarrhea during infancy.

Section B: Literature related to prevention and management of upper respiratory tract infections during infancy.

Section C: Literature related to prevention and management of home accidents during infancy.

SECTION A: LITERATURE RELATED TO PREVENTION AND MANAGEMENT OF DIARRHEA DURING INFANCY

Gebremariam Woldemicael (2010) did a study on the association of diarrheal morbidity with the age and the number of children particularly with a high prevalence of diarrhea at the age of 6-12 months and in households with a large number of children.

Sheth M. and Obrah M. (2010) conducted a study on Diarrhea prevention through food safety education. Food safety education (FSE) was imparted in order to reduce the prevalence of diarrhea in infants and improve the knowledge, attitude and practices of mothers regarding safe feeding practice. There was 52% reduction in the incidence of diarrhea. The environmental sanitation and personal hygiene scores of most of the households and mothers improved. There was reduction in the microbial load in the hand rinse samples of mothers.

Revathy, G.P. (2009) to assess the effectiveness of CAI on prevention and management of diarrhea in terms of knowledge and expressed practice among mothers of children less than 2 years. The research design adopted for the study was pre experimental study. Non probability convenience sampling technique was used.

WHO/UNICEF (2009) report on Diarrhea says that it is the second leading cause of death among children under five globally. Nearly one in five child deaths in about 1.5 million each year - is due to diarrhea. Today, only 39 per cent of children with diarrhea in developing countries receive the recommended treatment, and limited trend data suggest that there has been little progress since 2000.The objective of this report is to focus on the prevention and management of diarrhea like diseases as central to improving child survival.

Calistus Wilunda (2008) stated the factors associated with diarrhea among children less than 5 years old in developing countries. These studies have found significant association between household economic status and diarrhea in children. Promotion of recommended feeding

practices, targeting elderly and teenage child caretakers in diarrhea prevention, paying special attention to the care of male children and those aged 6-23 months and promoting hygienic child Care practices are recommended to lower the prevalence of diarrhea in children.

Erwin. Labay (2007) submitted the thesis on risk factors relating to the diarrheal disease occurrence among under 5 children. Risk factors include socio economic deprivation manifested by household crowding, low maternal education and number of children. The results showed that the age group of 6-12 months infants was affected frequently.

Park, K. (2007) stated that mothers need to know about a safe environment for their children from early infancy. They must have an understanding about the children's developmental changes. The mothers must know about the common health problems such as infections and potential dangers of accidents related to the child's age and various situations.

Disease control priorities project (2006) Diarrheal diseases remain a leading cause of preventable death. Existing interventions to prevent or treat diarrheal diseases have proven their efficacy in reducing mortality, but a major challenge for the next 10 years will be to scale up these interventions to achieve universal utilization coverage.

Victoria et al. (2007) who conduct a study to find where mothers aged 25-29 and less than old had significant association with increased incidence of dehydration secondary to diarrhea.

The United Nations Children's Fund (UNICEF) and the World Health Organization (WHO). (2006) issued a report highlighting the fact that the most common cause of death among children is diarrheal disease. The purpose is to raise the profile of that neglected disease. This report is written with the same intent – to focus attention on the prevention and management of diarrheal diseases as central to improving child survival. Together, pneumonia and diarrhea are responsible for an estimated 40 per cent of all child deaths around the world each year.

Phuvong and Truong (2006) who conduct a study to factors associated with incidence of diarrhea had statistically significant positive association of mother's knowledge and practice about diarrheal incidence in 6-12 months of children (p-value 0.0001)

Raquiba, A. Jahan (2006) in order to examine the relationship between education and health literacy is examined through a case study of a project to prevent diarrhea in rural Bangladesh. A health education program called SAFE (sanitation and family education) was developed and implemented. This method yields the best results. SAFE is the practical example of a health education program directed towards the achievement of effective health practices.

Punyaratabandhu (2006) who conduct a study to Childhood disease in a low income urban community in Bangkok. The results demonstrated the importance of breast feeding as a factor in the occurrence of diarrhea among children below 12 months of age.

Rajibdasgupta (2005) assessed the impact of educational intervention on the knowledge of mothers of under five children or home management of diarrheal diseases. After the education intervention, there was significant improvement on knowledge of mothers regarding definition of diarrhea, signs of dehydration, awareness of ORS solution, and correct preparation of ORS solution and seeking health care.

John A. et al. (2005) report that diarrhea is the second biggest killer of children in developing countries. Hygienic practices within the home, such as washing hands with soap before feeding a child, can reduce the incidence of diarrhea. The result emphasis as the importance of mother being literate, of household affluence and of institutional support in promoting domestic hygiene.

Ahmed et al. (2004) who demonstrate a high incidence of diarrhea among children who belonged from the low-income grouped family and mothers with low educational level.

Ratnaike R.N., et al. (2000) who conduct a study to diarrhoeal disease: knowledge, attitudes and practices in an aboriginal community. The results of the study shows that eventhough 96.6% took their children to the nursing sister for treatment of diarrhea, only 68.9% of the adults visited her themselves when ill with the same disease. When respondents were asked to suggest preventive measures community health education (93.1%) and improved waste management (75.9%) were cited most frequently. Health education (82.8%) was cited as a needed change in existing health services, rather than employing more health workers, nurses, and physicians.

Marcia Stanhope (2004) reports that it is assumed as 100 million children (14.17 of the total population) suffer from 300 million episodes of diarrhea per year 30 million may face death and 10% (or) 30 million may develop dehydration.

Jessie. M. Chellappa (2003) reports that diarrhea is one of the most common manifestations of illness in infants and children. Each year 500 million episodes of diarrhea occur in India, five million of which may require treatment with health facilities.

Parthasarathy (2000) states that most of the diarrheal episodes occur during the first 2 years of life (incidence is highest in the age group of 6 - 11 months) in low socio economic status, non breast fed babies and those in association with measles, severe malnutrition and immunodeficiency.

Sutra et al. (1999) Found that, children under 24 months old particularly the 0-6 months and 7-12 months were the most vulnerable age group for diarrheal disease occurrence.

SECTION B: LITERATURE RELATED TO PREVENTION AND MANAGEMENT OF UPPER RESPIRATORY TRACT INFECTIONS DURING INFANCY:

Park K.E. (2010) states about upper respiratory tract infection anywhere from nose to pharynx. Symptoms are running nose, cough, sore throat, and fever. Risk factors include over crowding, pollution, fathers smoking in the house and environmental changes.

Gupta M.C. et al. (2009) state that upper respiratory tract infection constitutes a leading cause of morbidity in infants. The major factors are low birth weight and severe malnutrition. It is caused by bacteria and virus.

Terri Kyle (2009) describes that respiratory infections account for the majority of acute illness in children. The child's age and living conditions and the season of the year can influence the etiology of respiratory disorders as well as the course of illness. Younger children and infants are more likely to deteriorate quickly. Lower socio economic status places children at higher risk for increased severity or increased frequency of disease.

Park, K. (2007) states that the principal causes of infant mortality in India are respiratory infections (17%), diarrheal diseases (4%), and other diseases (18%).

Adenke, et al. (2007) state in their article on house management of childhood febrile illnesses at Nigeria that home strategies towards prevention and control of upper respiratory tract infection use of drugs are prevented without prescription. They therefore state a strong need to give appropriate education and counseling to mothers/care givers and medicine vendors by an early detection and proper home management of febrile illnesses.

Wong (2007) states that infants are more susceptible to the upper respiratory tract infections. The best means for prevention is to avoid contact with affected persons, careful disposal of tissues, washing hands

thoroughly after blowing the nose or sneezing. Rest and moist inhalation are the best ways of management of upper respiratory tract infections.

Lee G.M. et al. (2006) conducted an observational prospective cohort study in Massachusetts on misconception of upper respiratory tract infection.300 families enrolled in the study.43% had adequate knowledge and 63% had a negative attitude towards treatment of colds which the study concluded may have a negative outcome on the treatment of URI in children.

Kauchali, S. et al. (2005) conducted a descriptive study on 15 mothers to identify the local beliefs and practices around upper respiratory tract infection. The Supernatural causes upper respiratory tract infection and hence they are reluctant to seek medical care and used traditional treatments. Proper education on good supportive home care for upper respiratory tract infection should be imparted, the study concluded.

Simiya, De, et al. (2003) conducted a study regarding knowledge attitude and practice regarding upper respiratory tract infection in Kenya. 309 mothers were interviewed. Only 18% described pneumonia. No one knew about severe upper respiratory tract infection causing ARI. The study reveals that mothers had poor knowledge of upper respiratory tract infection and improper attitude and subsequent practices were low. Low knowledge and practices on upper respiratory tract infection may result in continued high mortality in this area. Proper educational interventions may bring the changes.

Mitra (2001) conducted a longitudinal study on upper respiratory tract infection among rural under five children in a village of Hoogly district West Bengal. The objective of the study was to determine the

upper respiratory tract infections morbidity and mortality among under fives and to some of the epidemiological factors responsible for such morbidity. 63 children less than five years of age living in the village of Durgarmpur were included in the study. The children were followed up with periodic home visits at two weeks intervals for six months. Incidence was the highest among infants. Low socio economic class, low birthweight, under nutrition of the child, inadequate immunization, children not exclusively breastfed and indoor are ration were significantly associated with increased number of upper respiratory tract infection.

Kapoor, S.K. et al. (2000) conducted a knowledge attitude and practice survey based on upper respiratory tract infection at Delhi. 106 mothers were interviewed, 59 % did not know how to recognize pneumonia and 2/3 of them preferred not to give any treatment for upper respiratory tract infection. Feeding practices during upper respiratory tract infection were poor. 62% said that they would stop fluids and breast milk. Results indicate a poor knowledge on complications of upper respiratory tract infection and feeding practices necessitating intensive educational programmes to mothers.

Saini, N.K. et al. (2000) conducted a study on the knowledge and expressed practice of mothers on upper respiratory tract infection in a village of Haryana. 304 mothers were interviewed and only 23 mothers recognized signs of pneumonia and its symptoms. 13% only knew the infective origin of upper respiratory tract infection. 70% advised on food restriction, and there was a practice of putting warm mustard oil in the ear to cure ear pain. These practices may be attributed to the high rate of upper respiratory tract infection leading to mortality and this could be changed by a proper educational intervention.

Melker R.A. et al. (2000) who conduct a study to assess the Management of upper respiratory tract infection in Dutch general practice. The general practitioner needs prospective criteria in order to predict the course of an upper respiratory tract infection as it is useful to be able to decide immediately about possible antibiotic treatment.

SECTION C: LITERATURE RELATED TO PREVENTION AND MANAGEMENT OF HOME ACCIDENTS DURING INFANCY

Zolotor A.J., et al. (2010) conducted a study on maternal educational level and knowledge of infant development as predictors of home safety practices in rural low-income communities. Unintentional injury is the leading cause of death among infants in the developing countries. Infants spend the majority of time at home, and the use of recommended safety practices can prevent many injuries. Knowledge and educational level are associated with improved home safety. Knowledge about prevention of home accidents is important for mothers with inadequate knowledge. Pediatricians and designers of injury-prevention programs should consider the role of maternal knowledge and practice in child safety.

Alwash, R. and M. McCarthy (2009) conducted a study on measuring severity of injuries to children from home accidents. Our child injury severity scale comprises three grades of severity for six types of injury. Burns and scalds and poisoning caused more severe injuries than other accidents. A strong correlation was found between the parent's social class and the severity of the accident, but there was no correlation

with ethnic group as indicated by the parents' country of birth. The development of a reliable scale of severity is important if programmes of prevention of accidents to children in the home are to be evaluated successfully.

The Northern Ireland Executive (2009) units Programme for Government-Making a Difference under the theme "Working for a Healthier People", gave a commitment to promoting public safety by reducing the number of injuries and deaths caused by accidents at home, at work and on the road .Evidence shows that accidental deaths in the home are most commonly caused by falls, fire and flames, and poisoning. The principal causes of accidental injury in the home are falls, burns, scalds and poisoning.

Naglaa Saad Abd El-Aty et al. (2009) did a study on assessment of knowledge and practice of mothers toward home accidents among children under six years in rural area. The present study recommended health classes about causes of home accidents, first aid, prevention and safe housing condition for mothers at MCH center, in service educational program toward first aid and all these should be established for community health nurses at rural health units and MCH center, a well-planned health education program about causes of home accidents and first aid.

Odendaal, W. et al. (2009) conducted a randomized controlled trial on the impact of a home visitation programme on household hazards associated with unintentional childhood injuries. A significant reduction was observed in the hazards associated with poisoning, burn, and falls.

This study confirmed that a multi-component HVP effectively reduced household hazards associated with electrical and paraffin appliances and poisoning among children in a low-income South African setting.

Justin-Temu, M. et al. (2008) had done a study on Causes, magnitude and management of burns in under-fives in district hospitals in Dar est. Salaam, Tanzania. Most of the children (54.9%) were aged between 1-2 years. Most of the burns (97.5%) occurred accidentally, 68.6% of these burn injuries occurred in the kitchen. The source of knowledge on these agents was from relatives and friends, schools, media and medical personnel. Causes of childhood burns are largely preventable requiring active social/medical education and public enlightenment campaigns on the various methods of prevention.

Dr Alessio Pitidis (2007) conducted a survey on the incident rate of home accidents. The principal aims of the system are monitoring the home injuries and the evaluation of the effectiveness of prevention actions. For prevention activities, it is important to use and establish comprehensive programmes and not to rely on single activities. The risk elimination and the creation of safe environments at home, along with education, and improvement in legislation are of great importance for positive results of prevention of children's domestic injury.

Sibel Erkal, Şükran Şafak (2006) conducted a study to determination of the risks of domestic accidents for the 0-6 age group. It was established that 66.0% of the rooms were furnished with sharp-edged furniture; 63.2% had open electrical sockets; 68.4% had slippery flooring;

and 68.9% of the houses with balcony railings had rail openings wide enough for a child to pass through. We determined that 28.8% of the children aged 0-6 years had suffered a domestic accident during the last year.

British Medical Journal (2005) Contemporary Themes promoting children's home safety report that Home accidents are the main causes of death and morbidity in late infancy. They are more prone to get injuries than the other age group.

WHO Report of expert meeting for Preventing children's accidents and improving home safety in the European region. Unintentional injuries are poisoning, drowning, falls and burns. The prevention in the home needs to be part of the overall injury prevention plans with involvement of multiple sectors.

Tambulwadkar (2005) describes that an accident is a sudden cause of death or an emergency in children. Accidents are usually related to the growth and development of the children. The children may have an accident in the home or surrounding the home, where they play, explore, or imitate others. Children from the age of six months to one year can move from place to place. The mobility increases as children learn to turn from side to side, creep, crawl, cruise and walk. Gradually, they learn to climb up and down. These sudden changes in their activities may place the children at the risk of accidents.

Mac Lachlan (2004) inferred that developmental immaturity places the infant and young child at risk for injury compared with older children,

because of their size and shape, and it has an increased risk of death or poor outcome from traumatic injury compared with older children.

Bonn (2005) who conduct a study to preventing children accidents and improving home safety in the European region. The results of the study shows that home accidents are available, but the information focuses more on the behavioural and product related causes of domestic accidents and less on the building features and the data are seldom comparable at a European level.

CONCLUSION

Based on the above literature it was stated that, the knowledge regarding prevention and management of common problems during infancy was less. So the IEC package may be an effective tool to increase the awareness of prevention and management of common problems during infancy.

CONCEPTUAL FRAMEWORK

Conceptual framework for study is developed from the existing theory and it helps in defining the concepts of interest and proposing relationship among them. The model gives direction for the planning, data collection and interpretation of findings.

(Burns and Groove, 1995).

The present study aims at evaluating the effectiveness of Information, education and communication package on knowledge and expressed practices of prevention and management of common problems during infancy on mothers of infant. The conceptual framework of the present study was developed based on Rosen Stock's and Becker's health belief model.

Good health is an objective common to all people - Rosen Stock (1974).

Individual Perception

In this study, the individual perceptions are the perceived knowledge and unfavorable practices of the mothers of infants regarding prevention and management of common problems during infancy like diarrhea, upper respiratory tract infection and home accident.

Perceived Threats

In this study perceived threat is the deficiency in the mother's knowledge and practices which will hinder the performance in prevention and management of common problems during infancy like diarrhea, upper respiratory tract infection and home accident.

Modifying Factors

Factors that modify a person's perception include the following:

Background Variables

In this study the background variables that have influence over the mothers' knowledge and expressed practice on prevention and management of common problems during infancy include the age, number of children, education occupation, family income, type of family.

Structural Variables

In this study the structural variables are the prior knowledge and practice of mothers regarding prevention and management of common problems during infancy.

Cues to Action

Cues to action can be either internal or external. In this study the internal cues include the feeling of mother or thoughts about the disease condition of their children. The external cue is the investigator's information education and communication package regarding prevention and management of common problems during infancy.

Likelihood of Action

The likelihood of a person taking recommended preventive health action depends on the perceived benefits of the action minus the perceived barrier to the action.

The perceived benefits of action

In this study the perceived benefits of action are improved knowledge and favorable expressed practice in prevention and management of common problems during infancy like diarrhea, upper respiratory tract infection and home accident.

The Perceived barriers to action

In this study the perceived barriers to action are ignorance, cultural and superstitial belief.

Likelihood of taking recommended preventive health action is the improvement in the knowledge and expressed practice of mothers of infants regarding diarrhea, upper respiratory tract infection and home accident.

The model Rosen Stock's and Becker's Health belief model, is best suited for this study which was undertaken to determine the knowledge and expressed practice of mothers regarding prevention and management of common problems during infancy using pre test and post test method.

CONCEPTUAL FRAME WORK

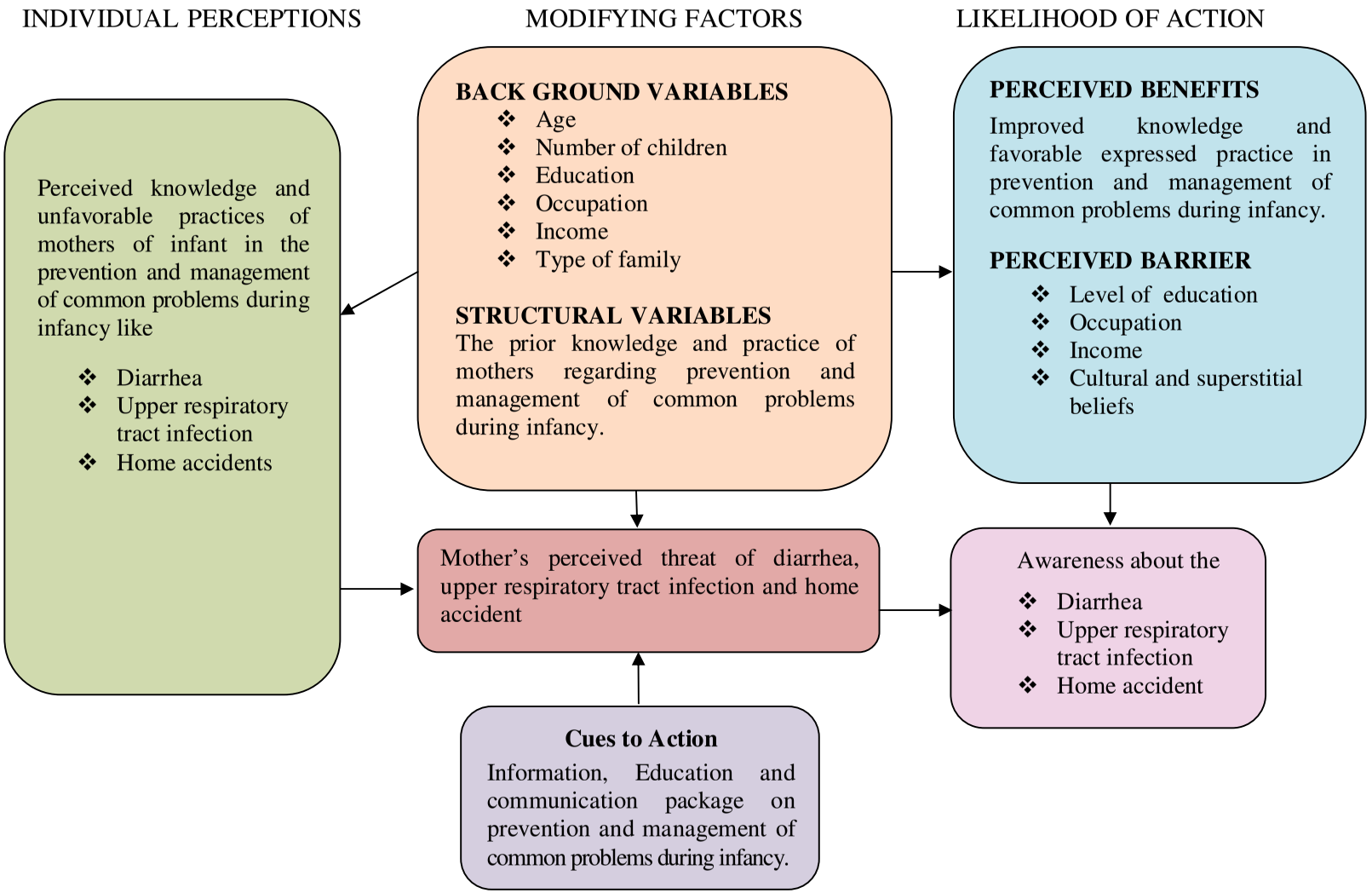


FIGURE - 1 : ROSENTOCK'S AND BECKER'S HEALTH BELIEF MODEL

CHAPTER – III

RESEARCH METHODOLOGY

Methodology of research refers to investigations of the ways of obtaining, organizing and analyzing data. Methodology studies address the development, Validation and evaluation of research tools or methods.

(Polit – 2004)

RESEARCH APPROACH

The research approach used for this study was evaluative approach.

RESEARCH DESIGN

Research design is the overall plan for addressing a research question, including specifications for enhancing, the integrity of the study.

(Polit – 1999)

The research design used for this study was Pre Experimental design.

One group pre test- post test design

O1 X O2

O1 Pre test assessment of knowledge and expressed practice of group or sample.

X Information, education and communication package

O2 Post test assessment of knowledge and expressed practice of group or sample.

SETTING OF THE STUDY

The study was conducted in Srirangam community area, Trichy. The population of the community was around 5000. This area was located at a distance of about 2 Km away from the Dr. G. Sakunthala College of nursing, Trichy-5.

POPULATION

The population of this study was consisted of the mothers of infant in Srirangam community area, Trichy.

SAMPLE

The sample of this study was consisted of 40 mothers of infant at Srirangam area, Trichy.

SAMPLE SIZE

The sample size was 40 mothers of infant.

SAMPLING TECHNIQUE

Sampling technique used for this study was non-probability convenience sampling.

CRITERIA FOR SAMPLE SELECTION

Inclusion Criteria

1. Mothers who are willing to participate.
2. Mothers who are having infant (6-12 months).
3. Children of both sexes.
4. Those who are available at the time of data collection.

Exclusion Criteria

1. Mothers who are having chronic ill child.
2. Mothers who are having special children.
3. Mothers who are having Children with communicable disease.

RESEARCH TOOL AND TECHNIQUE

The instrument consisted of three parts which is described below.

DESCRIPTION OF THE INSTRUMENT

PART I: Consisted of background variables of mothers of infant such as age, number of children, religion, educational status, occupation, income, type of family, source of information.

PART II: Consisted of 30 knowledge questionnaire to assess the knowledge, related to definition, causes, symptoms, prevention and management of common problems during infancy.

PART III: Consisted of 15 expressed practice questionnaire regarding prevention and management of common problems during infancy.

SCORING PROCEDURE

The total score of multiple choice items on knowledge regarding prevention and management of common problems of infancy was 30.

A score of “1 mark was given for every correct answer and 0 for wrong answer”.

The knowledge score was ranged as follows:

Level of knowledge	score
Adequate knowledge	76% - 100%
Moderately adequate knowledge	51% - 75%
Inadequate knowledge	0% - 50%

The expressed practice score was ranged as follows:
The score of “0 for never, 1 for Occasional and 2 for Often”.

Level of practice	score
Favorable practice	76%-100%
Moderately favorable practice	51%-75%
Unfavorable practice	0%-50%

VALIDITY

The tool was evaluated by 5 experts who were requested to give their valuable suggestions about the content areas, relevance, clarity and appropriate need of the items. Experts suggested that there was no modification in the tool. So that the major study was carried out with 40 samples.

RELIABILITY

The reliability of the tool was assessed by split half method. The reliability of the knowledge questionnaire was r = 0.8. The reliability of the expressed practice questionnaire was r = 0.85. Hence the tool was highly reliable.

PILOT STUDY

In order to test the feasibility, relevance and practicability of the study a pilot study was conducted among 5 mothers of infant from 12.04.10 to 17.04.10 at Srirangam community area, Trichy.

There was no modification done in the study, and the pilot study samples were excluded from the main samples for data collection. The data collected were amenable to statistical analysis and thus the study was found to be feasible.

DATA COLLECTION PROCEDURE

The period of data collection was started from 01.05.2010 to 15.06.2010. Before starting the study the investigator obtained formal permission from formal permission from medical director of community health centre Srirangam, Trichy. Samples were selected with non convenience sampling technique and pre experimental design was used. The data were collected on Monday to Saturday, six days of the week. The timing of data collection was from 9am to 4pm according to the convenience of the mothers. The researcher identifies the mothers of infant. Two or Three mothers were selected per day depending on their availability. The mothers were first met by the researcher; rapport developed and the researcher obtained oral consent from all the participation. The nature and purpose of the study was explained to the selected mothers.

First pre assessment was done on knowledge and expressed practice of prevention and management of common problems during infancy among mothers of infant and it was collected to them after the completion. The IEC package was administered through flash cards regarding prevention and management of home accidents for 30 minutes

with the same day. The handouts were issued which includes the content about definition, causes, signs and symptoms, management, prevention of diarrhea and upper respiratory tract infection for 1 hour 30 mts. The adequate time was given to all study subjects to clarify their doubts. Then post assessment was done after 15 days, appropriate response were obtained from selected sample based on the questionnaire.

PLAN FOR DATA ANALYSIS

All the analysis was done by SPSS 13th version.

The collected data would be tabulated to represent the findings of the study.

Percentage, mean, chi – square and standard deviation would be used to know the association between background variables and the post-test scores.

Correlation would be used to determine the relationship between knowledge and expressed practice. (Pearson's correlation)

Paired 't' test was used to compare the pretest scores and the posttest scores.

ETHICAL CONSIDERATION

The research proposal was approved by the dissertation committee of the institution prior to pilot study. Permission was obtained from the Principal and Head of Child Health Nursing Department.

The oral consent was obtained orally from each participant of study before starting the data collection. Assurance was given to the subjects that confidentiality of each individual will be maintained. The mothers were informed that they were free to withdraw from the study at any time.

CHAPTER – IV

DATA ANALYSIS AND INTERPRETATION

INTRODUCTION

The data themselves do not provide answer to research questions. So the data need to be processed and analyzed in an orderly coherent fashion. After the analysis, they must be systematically interpreted. Interpretation is the process of making sense of the results and examining their implications.

The chapter deals with the description of the sample, analysis and interpretation of the data to determine the effect of IEC Package on knowledge and expressed practices of prevention and management of common problems during infancy on mothers of infants. The data obtained are classified, grouped and analyzed statistically based on the objectives of the study.

OBJECTIVES OF THE STUDY

1. To assess the knowledge of prevention and management of common problems during infancy on mothers of infant before and after IEC package.
2. To assess the expressed practices of prevention and management of common problems during infancy on mothers of infant before and after IEC package.
3. To determine the relationship between the knowledge and expressed practices of prevention and management of common problems during infancy on mothers of infant.

4. To determine the association between the knowledge of prevention and management of common problems during infancy on mothers of infant with selected background variables.
5. To determine the association between the expressed practices of prevention and management of common problems during infancy on mothers of infant with selected background variables.

THE STUDY FINDINGS ARE REPRESENTED AS FOLLOWS

SECTION I: Frequency, percentage distribution of background variables of mothers of infant.

SECTION II: Percentage distribution of knowledge and expressed practice percentage scores of mothers of infant before and after IEC package administration.

SECTION III: Comparison of mean scores between pre-test and post-test.

SECTION IV: Correlation between knowledge and expressed practice scores of pre-test and post-test.

SECTION V: Association between the selected background variables and post-test level of knowledge and post-test level of expressed practice of mothers of infant regarding prevention and management of common problems during infancy.

SECTION - I

This section deals with Background variables of the samples.

Table - 1

Frequency distribution of sample according to their Background variables

N = 40

S. No	Background variables	f	%
1.	Age in years		
	a) Below 30	25	63
	b) 30-35	15	37
	c) Above 35	0	0
2.	Number of children a) One child	21	53
	b) Two children	12	30
	c) Above two	7	17
3.	Religion		
	a) Hindu	29	73
	b) Muslim	4	10
	c) Christian	7	17
4.	Education		
	a) Illiterate	0	0
	b) Primary school	4	10
	c) Middle school	25	62
	d) High school	11	27
	e) Graduate	0	0

(Contd...)

5.	Occupation		
	a) House wife	22	55
	b) Coolie	18	45
	c) Private	0	0
6.	Family income in ₹		
	a) < 3000	30	75
	b) 3001 - 5000	9	22
	c) > 5001	1	2
7.	Type of family		
	a) Nuclear family	20	50
	b) Joint family	15	37
	c) Extended	5	13
8.	Source of information		
	a) Health personnel	23	58
	b) Mass media	7	17
	c) Family members/Neighbors	10	25

Table – 1 describes the frequency distribution of sample according to their Background variables.

The following inferences were made

Majority of the mothers 25 (63) were at the age group of below 30 years, 15 (37) of them were 30-35 years.

Most of the mothers 21 (53) have one child, 12(30) of them have two children, 7(17) of them have above two children.

Religion shows that majority of them 29 (73) were Hindus, 7 (17) of them were Christian, 4 (10) of them were Muslim.

Majority of the mothers 25 (63) were educated at the level of middle school, 11 (27) of them were at the level of high school, 4 (10) of them were at the level of primary school.

Most of the mothers 22 (55) were house wives, 18 (45) were coolie workers.

Family income shows that 30 (75) were earning < Rs.3000, 9 (23) were earning Rs.3000-5000, 1 (2) were earning > Rs.5000.

Majority of the study subjects 20 (50) were living as nuclear family, 15 (37) of them were joint family, 5(13) of them were extended family.

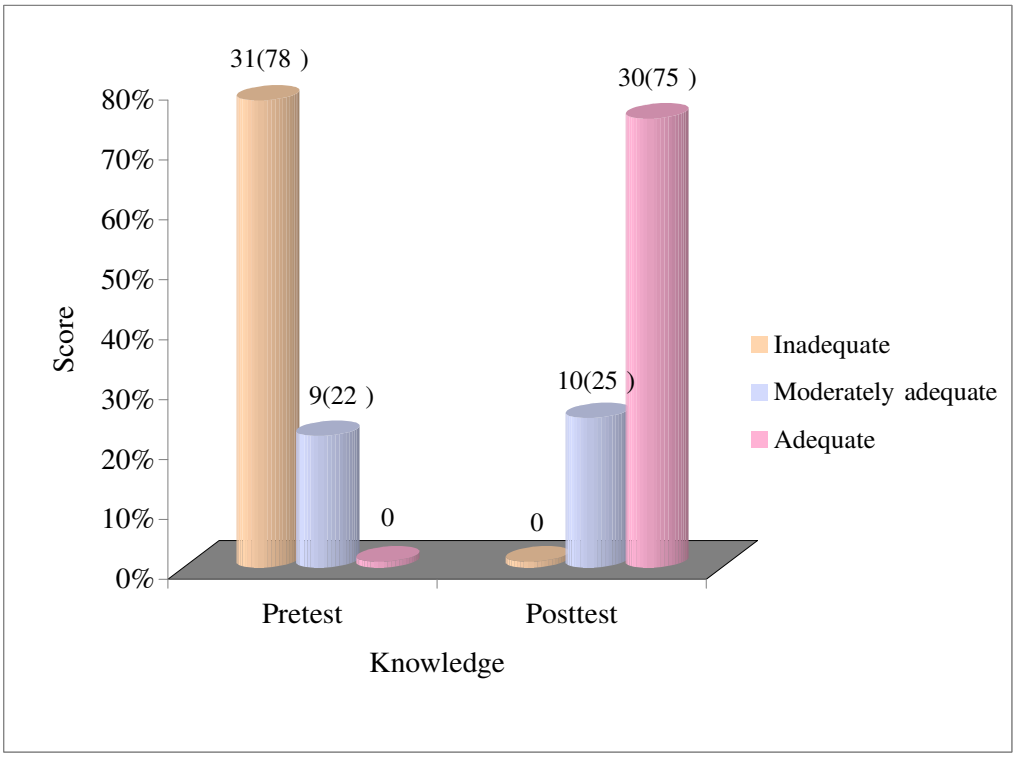
Most of the mothers 23(58) got information through health personnel, 10 (25) of them got through family members / neighbors 7 (17) of them got through Mass media.

SECTION – II

This section deals with the knowledge scores before and after IEC package.

Figure -2

Percentage distribution of knowledge scores of mothers of infant before and after IEC package administration.

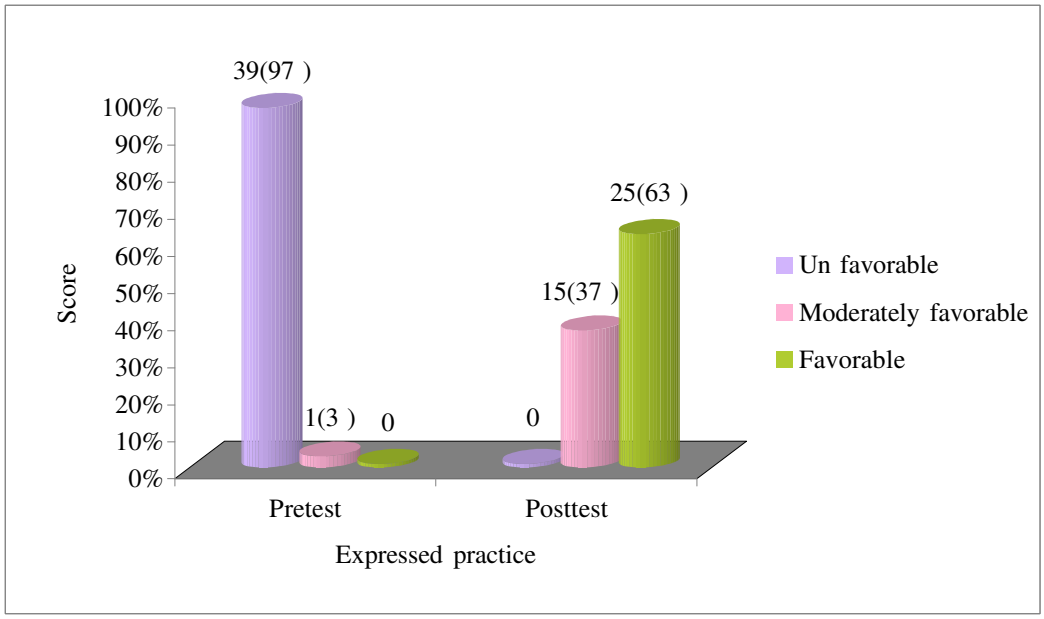


The inferences made are

The level of knowledge during pretest was inadequate among 31(78) of subjects, moderately adequate among 9(22) of subjects. Where as during the post test was adequate among 30(75) of the subjects, moderately adequate among 10(25) of the subjects.

Figure -3

Percentage distribution of Expressed practice scores of mothers of infant before and after IEC package.



The inferences made are

The level of expressed practice during pretest was unfavorable among 39(97) of subjects, moderately favorable practice among 1(3) of subjects. Where as during the post test was favorable practice among 25(63) of the subjects, moderately favorable among 15(37) of the subjects.

SECTION-III

This section deals with the comparison of mean scores between pretest and posttest knowledge and expressed practice scores before and after IEC package administration.

Table-2

Comparison of mean pretest and posttest level of knowledge and expressed practice scores before and after IEC package administration.

Components	Pretest Mean	Posttest Mean	Mean Difference	Standard Deviation	Paired't' test
Knowledge	40.25	80.99	40.742	16.977	15.178*
Expressed Practice	34.42	77.15	42.733	10.972	24.633*

* Significant at $p < 0.05$

The inferences made are

The mean posttest knowledge (80.99) was higher than the mean pretest knowledge (40.25) with the standard deviation (16.977) and the obtained 't' value ($t = 15.178$) was significant at $p < 0.05$. Where as the mean post test expressed practice (77.15) was higher than the mean pre test expressed practice (34.42) with the standard deviation(10.972) and the obtained 't' value ($t = 24.633$) was significant at $p < 0.05$.

So the stated research hypothesis 1 (H1) and 2(H2) was accepted.

SECTION-IV

This section deals with correlation between knowledge and expressed practice scores of the post test.

Table-3

Correlation between knowledge and expressed practice scores of the post test.

Components	Mean	S.D	r
Knowledge	80.99	8.644	0.836**
Expressed Practice	77.15	9.848	

**Significant at $p < 0.01$

The inferences made are

There was a significant positive correlation ($r = 0.836$) between the post test level of knowledge (mean = 80.99, standard deviation = 8.644) and post test level of expressed practice (mean = 77.15, standard deviation = 9.848) of prevention and management of common problems during infancy significant at $p < 0.01$.

Hence the stated hypothesis 3(H3) was accepted.

SECTION-V

This section deals with the association between the selected background variables of the sample and the post test knowledge and Expressed practice.

Table-4

Association between the selected background variables and the post test knowledge of prevention and management of common problems during infancy.

S.No.	Background Variables	Moderately Adequate	Adequate	$\chi 2$
1.	Age in years			
	a) Below 30	8	17	1.742
	b) 30-35	2	13	
	c) Above 35	0	0	
2.	Number of children			
	a) One child	5	16	4.127
	b) Two children	5	7	
	c) Above two	0	7	
3.	Religion			
	a) Hindu	7	22	1.773
	b) Muslim	2	2	
	c) Christian	1	6	

(Contd...)

4.	Education			
	a) Illiterate	0	0	8.344**
	b) Primary school	3	1	
	c) Middle school	3	22	
	d) High school	4	7	
	e) Graduate	0	0	
5.	Occupation			
	a) House wife	9	13	6.599**
	b) Coolie	1	17	
	c) Private	0	0	
6.	Family income in ₹			
	a) < 3000	5	25	5.926*
	b) 3001 - 5000	4	5	
	c) > 5001	1	0	
7.	Type of family			
	a) Nuclear family	4	16	3.733
	b) Joint family	6	9	
	c) Extended	0	5	
8.	Source of Information			
	a) Health personnel	5	18	5.797*
	b) Mass media	0	7	
	c) Family members neighbors	5	5	

* Significant at $p < 0.05$ ** Significant at $p < 0.01$

The inferences made are

Significant association was found between the post test level of knowledge and selected back ground variables of mothers of infant such as education ($\chi^2 = 8.344$, df = 1, $p < 0.01$), occupation ($\chi^2 = 6.599$, df = 1, $p < 0.01$), family income ($\chi^2 = 5.926$, df = 2, $p < 0.05$) and source of information ($\chi^2 = 5.797$, df = 2, $p < 0.05$). There was no significant association found between the post test level of knowledge and selected back ground variables of mothers of infant such as age, number of children, religion and type of family.

So the hypothesis 4(H4) was accepted.

Table - 5

Association between the selected background variables and the post test expressed practice of prevention and management of common problems during infancy.

S.No.	Background Variables	Moderately favorable	Favorable	$\chi 2$
1.	Age			
	a) Below 30 years	10	15	0.178
	b) 30-35 years	5	10	
	c) Above 35 years	0	0	
2.	Number of children			
	a) One child	7	17	3.987
	b) Two children	7	5	
	c) Above two	1	6	
3.	Religion			
	a) Hindu	12	17	2.062
	b) Muslim	2	2	
	c) Christian	1	6	
4.	Education			
	a) Illiterate	0	0	5.708*
	b) Primary school	3	1	
	c) Middle school	6	19	
	d) High school	6	5	
	e) Graduate	0	0	

(Contd...)

5.	Occupation			
	a) House wife	12	10	6.061**
	b) Coolie	3	15	
	c) Private	0	0	
6.	Family income in ₹			
	a) < 3000	8	22	6.436*
	b) 3000 - 5000	6	3	
	c) > 5000	1	0	
7.	Type of family			
	a) Nuclear family	4	16	5.867*
	b) Joint family	9	6	
	c) Extended	2	3	
8.	Source of Information			
	a) Health personnel	5	18	10.382**
	b) Mass media	2	5	
	c) Family members / Neighbors	8	2	

* Significant at p<0.05 **Significant at p<0.01

The inferences made are

Significant association was found between the post test level of expressed practice and selected back ground variables of mothers of infant such as education (χ^2 = 5.708, df = 2, p < 0.05), occupation (χ^2 = 6.061, df = 1, p < 0.01), family income (χ^2 = 6.436, df = 2,

$p < 0.05$), Type of family ($\chi^2 = 5.867$, df = 2, $p < 0.05$) and source of information ($\chi^2 = 10.382$, df = 1, $p < 0.01$). There was no significant association found between the post test level of expressed practice and selected back ground variables of mothers of infant such as age, number of children, religion.

So the hypothesis 5(H5) was accepted.

CHAPTER – V

DISCUSSION

This chapter presents the interpretation of the statistical findings. It has been discussed based on the objectives of the study.

The aim of the study was to evaluate the effectiveness of Information, education and communication package on knowledge and expressed practices of prevention and management of common problems during infancy on mothers of infant.

A pre experimental design was used to conduct the study. Knowledge and expressed practice were assessed by using structured questionnaire. Non-probability convenience sampling technique was used. The study sample consisted of 40 mothers of infant. Using the above tool, data were collected, grouped and analyzed through descriptive analysis (number, percentage, mean and standard deviation) and inferential statistics (paired 't' test, correlation and chi-square).The study findings revealed the following,

In regard to the background variables of the mothers of infant, most 25 (63) of them were below 30 years, 21(53) of them have one child; religion shows that 29(73) of them were Hindus, majority25(63) of them were educated at the level of middle school,22(55) of them were housewives; income of the family shows 30 (75) of them were earning <Rs.3000; regarding type of family 20(50) of them were from nuclear family; source of information shows that 23(58) of them were gained information through health personnel.

This finding was supported by Victoria et al. (2007) who conduct a study to find where mothers aged 25-29 and less than old had significant association with increased incidence of dehydration secondary to diarrhea.

The first objective of the study was to assess the knowledge of prevention and management of common problems during infancy on mothers of infant before and after IEC package administration.

In the present study, 31 (78) mothers had inadequate knowledge and 9(22) of them had moderately adequate knowledge regarding prevention and management of common problems during pretest as shown in fig (2).During the posttest 30 (75) of them had adequate knowledge, 10(25) mothers had moderately adequate knowledge.

The mean posttest knowledge (80.99) was higher than the mean pretest knowledge (40.25) with the standard deviation (16.977) and the obtained 't' value ($t = 15.178$) was significant at $p < 0.05$.

Hence the stated hypothesis (H1) was accepted.

It is surprising to see improvement in the mothers' knowledge after the IEC package. Though most of them were educated up to the middle school level, they wanted to learn the health aspects, related to their children. They showed interest in learning from health personnel to obtain necessary information to maintain healthy life. So the investigator concluded that the IEC package was much effective to improve the mothers' knowledge.

This finding was supported by G.P. Revathy (2008) who conducted a study on the effectiveness of CAI on prevention and management of diarrhea in terms of knowledge and expressed practice among mothers of children under 2 years of age.

This study was supported by Sheth. M., Obrah. M. (2010) conducted a study on Diarrhea prevention through food safety education. Food safety education (FSE) was imparted in order to reduce the prevalence of diarrhea in infants and improve the knowledge, attitude and practices of mothers regarding safe feeding practice. There was 52% reduction in the incidence of diarrhea.

This study was supported by Rajibdasgupta (2005) who conducted a study to assess the impact of educational intervention on the knowledge of mothers of under five children related to home management and diarrheal diseases. After the education intervention, there was significant improvement on knowledge of mothers.

The study finding was supported Phuvong and Truong. (2006) who conduct a study to factors associated with incidence of diarrhea had statistically significant positive association of mother's knowledge and practice about diarrheal incidence in 6-12 months of children (p-value 0.0001).

The second objective of this study was to assess the expressed practice of prevention and management of common problems during infancy on mothers of infants before and after IEC package administration.

In the present study the level of expressed practice during pretest was unfavorable among 39(97) of subjects, was moderately favorable among 1(3) subjects, whereas during the post-test, was favorable among 25(63) of the subjects, was moderately favorable among 15(37) of the subjects shown by figure (3).

The mean posttest expressed practice (77.15) was higher than the mean pretest expressed practice (34.42) with the standard deviation (10.972) and the obtained 't' value ($t = 24.633$) was significant at $p < 0.05$.

So the corresponding hypothesis (H2) was accepted.

A represented study finding indicates that the nurse can identify the task to improve the practice through health education. Work on a series of small steps to behavioral change which are manageable, achievable and results in recognizable health benefits. The essence of development is to empower people to take charge of their own health, and to foster a spirit of self- reliance.

This finding was supported by G.P. Revathy (2008), who conducted a study on the effectiveness of computer assisted instruction on prevention and management of diarrhea in terms of knowledge and expressed practice among mothers of children under 2 years.

This finding was supported by Naglaa Saad Abd El-Aty et al. (2009) who did a study on assessment of knowledge and practice of mothers toward home accidents among children under six years in rural area. The study revealed the need for health classes about causes and prevention of home accidents.

This finding was supported by Simiya, De et al. (2003) who conducted a study regarding knowledge attitude and practice regarding upper respiratory tract infection in Kenya. Low knowledge and practices on upper respiratory tract infection may result in continued high mortality in this area. Proper educational interventions may bring the changes.

The third objective of the study was to determine the relationship between the knowledge and expressed practices of prevention and management of common problems during infancy on mothers of infant.

The investigator found that there was a significant positive correlation ($r = 0.836$) between the posttest level of knowledge (mean = 80.99, standard deviation = 8.644) and posttest level of expressed practice (mean = 77.15, standard deviation = 9.848) significant at $p < 0.01$.

Achieving health literacy implies that health education not only relays information, but also enhances a person's ability to think about healthy behaviors, seek and use information, and motivate people to take action to improve health (Raquiba A. Jahan, 2006).

Results from this study indicate that health programs are doing enough to raise health literacy and improve health outcomes, or if they are merely increasing awareness related issues. The concept of 'health literacy' as an outcome of health education, going further than the simple dissemination of messages and enhancement of people's ability to think about healthy behaviors, to seek and use information, and motivate people to take action to improve health.

This finding was supported by Adenke, et al. (2007) who stated in their article on house management of childhood febrile illnesses at Nigeria. It concluded that there is a strong need to give appropriate education and counseling to mothers/care givers and medicine vendors, an early detection and proper home management of febrile illnesses.

Bonn (2005) who conduct a study to preventing children accidents and improving home safety in the European region. The results of the study shows that home accidents are available, but the information focuses more on the behavioural and product related causes of domestic accidents and less on the building features and the data are seldom comparable at a European level.

The fourth objective of the study was to determine the association between the knowledge of prevention and management of common problems during infancy on mothers of infants and selected demographic variables.

The present study shows that there was a Significant association which was found between the post test level of knowledge and selected background variables of mothers of infants such as education ($\chi^2 = 8.344$, df = 2, $p < 0.01$), occupation ($\chi^2 = 6.599$, df = 1, $p < 0.01$), family income ($\chi^2 = 5.926$, df = 2, $p < 0.05$) and source of information ($\chi^2 = 5.797$, df = 2, $p < 0.05$). There was no significant association found between the post test level of knowledge and selected background variables of mothers of infant such as age, number of children, religion and type of family.

So the stated hypothesis 4 (H4) was accepted.

In this study the association between the background variables and mothers' knowledge may proportionately be influenced by their education, occupation and source of information.

The key process for prevention and management of common problems in the IEC package is an interactive partnership between the mother and the healthcare personnel. For this partnership to work, the mothers need to have a common understanding of the diseases. Realistically, mothers are largely responsible for the day-to-day management of common problems of their children. To improve the quality of that management, nurses should help them to prepare for this task and work to create a more responsive healthcare system.

It is clear from this research that mothers may start with marked differences in their basic assumptions about the disease and its treatment.

This finding was supported by Erwin. Labay (2007) who submitted the thesis on risk factors relating to the diarrheal disease occurrence among under 5 children. Risk factors include socio economic deprivation manifested by household .crowding, low maternal education and number of children. The results showed that infants in the age group of 6-12 months were affected frequently.

This finding was supported by Parthasarathy (2000), who stated that most of the diarrheal episodes occur during the first 2 years of life (incidence is highest in the age group of 6- 11 months) in low socio economic status.

This study was supported by Zolotor A.J., et al. (2010) who conducted a study on maternal educational level and knowledge of infant development as predictors of home safety practices in rural low-income communities.

The study finding was supported by Ahmed et al. (2004) who demonstrate a high incidence of diarrhea among children who belonged from the low-income grouped family and mothers with low educational level.

The fifth objective of the study was to determine the association between the expressed practices of common problems during infancy on mothers of infants and selected background variables.

The present study shows that there was a Significant association which was found between the posttest level of expressed practice and selected background variables of mothers of infants such as education ($\chi^2 = 5.708$, df = 2, $p < 0.05$), occupation ($\chi^2 = 6.061$, df = 1, $p < 0.01$), family income ($\chi^2 = 6.436$, df = 2, $p < 0.05$), Type of family ($\chi^2 = 5.867$, df = 2, $p < 0.05$) and source of information ($\chi^2 = 10.382$, df = 1, $p < 0.01$). There was no significant association found between the posttest level of expressed practice and selected background variables of mothers of infants such as age, number of children and religion.

Hence the stated hypothesis 5(H5) was accepted.

The background variables of this study indicate that mothers' expressed practice may directly or indirectly be influenced by their education, occupation, Type of family and source of information.

The majority of the mothers in the study area belonged to the income bracket which was approximately two thirds of the whole respondents' size. Their income was lower than the average monthly household income. Every one had no difficulty in access to information in urban area. But it is contradictory that the participants in urban area in the present study have an economic constraint to access the information. So their practice is not up to the current trend. A high incidence of common problems among infants who belonged to the income group, family and mothers with middle school educational level.

This finding was supported by Calistus Wilunda (2008) who stated that factors associated with diarrhea among children less than 5 years in developing countries. These studies have found significant association between household economic status and diarrhea in children.

This finding was substantiated by Raquiba A. Jahan (2006) who summarized that the relationship between education and health literacy is examined through a case study of a project to prevent diarrhea.

This finding was supported by Punyaratabandhu (2006) who conduct a study to Childhood disease in a low income urban community in Bangkok. The results demonstrated the importance of breast feeding as a factor in the occurrence of diarrhea among children below 12 months of age.

CHAPTER – VI

SUMMARY, CONCLUSION, LIMITATIONS, IMPLICATIONS AND RECOMMENDATIONS

This chapter presents the summary of the study, conclusion and implications for different areas like Nursing practice, Nursing education, Nursing administration and Nursing research and recommendations for further study.

SUMMARY OF THE STUDY

The purpose of the study was to evaluate the effectiveness of Information, education, communication package on knowledge and expressed practices of prevention and management of common problems during infancy on mothers of infants.

THE FOLLOWING OBJECTIVES WERE SET FOR THE STUDY

1. To assess the knowledge of prevention and management of common problems during infancy on mothers of infant before and after IEC package.
2. To assess the expressed practices of prevention and management of common problems during infancy on mothers of infant before and after IEC package.
3. To determine the relationship between the knowledge and expressed practices of prevention and management common problems during infancy on mothers of infant.
4. To determine the association between the knowledge of prevention and management of common problems during infancy on mothers of infant and selected background variables.

5. To determine the association between the expressed practices of prevention and management of common problems during infancy on mothers of infant and selected background variables.

The conceptual model of the study was based on Rosen Stock's and Becker's health belief model. The study was conducted by using pre experimental design one group pretest posttest design. The sample size used for this study was 40 mothers of infants. Non-probability convenience sampling technique was used to select the study samples. The instruments used for data collection were knowledge and expressed practice questionnaire regarding prevention and management of common problems during infancy among mothers of infants.

The data were analyzed and interpreted in terms of objectives and research hypothesis. Descriptive statistics (frequency, percentage, mean and standard deviation) and inferential statistics (paired-'t'-test, correlation co-efficient and chi-square) were used to test the hypothesis.

SIGNIFICANT FINDINGS WERE AS FOLLOWS:

Regarding percentage distribution of sample according to background variables, most of the subjects were at the age group of below 30 years. Mostly they have one child. Majority of them were Hindus. Most of the subjects were educated at the level of middle school and majority of them were housewives in the nuclear family with a family income of between Rs. <3000, living in urban area and most of them were gained their knowledge through Health personnel.

In the present study the level of knowledge during the pretest was inadequate among 31(78) of mothers and moderately adequate in 9(22)

mothers. Whereas during the posttest was adequate among 30(75) of the subjects, moderately adequate among 10 (25) of the subjects.

In the present study the level of expressed practice during pretest was unfavorable among 39 (97) of subjects, moderately favorable practice among 1(3) of subjects. Whereas during the posttest it was favorable practice among 25(63) of the subjects, moderately adequate among 15 (37) of the subjects.

The paired't' test shows the mean post test knowledge (80.99) was higher than the mean pre test knowledge (40.25) with the standard deviation (16.977) and the obtained 't' value ($t = 15.178$) was significant at $p < 0.05$.

The mean pre test expressed practice (77.15) was higher than the mean pretest expressed practice (34.42) with the standard deviation (10.972) and the obtained't' value ($t = 24.633$) was significant at $p < 0.05$.

The investigator found that there was a significant positive correlation ($r = 0.836$) between the posttest level of knowledge (mean = 80.99, standard deviation = 8.644) and post test level of expressed practice (mean = 77.15, and standard deviation = 9.848) significant at $p < 0.01$.

Significant association was found between the post test level of knowledge and selected back ground variables of mothers of infant such as education ($\chi^2 = 8.344$, df = 2, $p < 0.01$), occupation ($\chi^2 = 6.599$, df = 1, $p < 0.01$), family income ($\chi^2 = 5.926$, df = 2, $p < 0.05$) and source of information ($\chi^2 = 5.797$, df = 2, $p < 0.05$). There was no significant association found between the post test level of knowledge and selected

background variables of mothers of infant such as age, number of children, religion and type of family.

Significant association was found between the post test level of expressed practice and selected background variables of mothers of infants such as education (χ^2 = 5.708, df = 2, $p < 0.05$), occupation (χ^2 = 6.061, df = 1, $p < 0.01$), family income (χ^2 = 6.436, df = 2, $p < 0.05$), Type of family (χ^2 = 5.867, df = 2, $p < 0.05$) and source of information (χ^2 = 10.382, df = 1, $p < 0.01$). There was no significant association found between the posttest level of expressed practice and selected background variables of mothers of infants such as age, number of children and religion.

CONCLUSION

The following are the conclusions based on the study findings

Mothers' practice toward prevention and management of common problems during infancy were deficient, also mothers' education have effect on mothers' practice in different types of prevention and management of common problems during infancy , the present study revealed that well educated mothers will use the proper management and prevention aspects while illiterate mothers tends to use traditional method. There is need for educational program for parents especially mothers with infants about prevention and management of common problems during infancy.

There is a need to identify the specific problems that exist in homes and for this need data of exposure to problems in order to identify the

relative impact of hazards on various health effects / management and prevention are necessary. Knowing “where” it happened is not sufficient, we need to know how the problems are occur. For this end, information on prevention and management of common problems during infancy has to be brought together.

Mothers’ knowledge regarding prevention and management of common problems during infancy were incomplete also mothers’ background variables such as education, occupation and source of information were significantly in relation with mothers’ knowledge regarding prevention and management of common problems during infancy.

There was a strong relationship between knowledge and expressed practices of prevention and management of common problems during infancy on mothers of infants. Therefore, if the knowledge of the mother increased, simultaneously the expressed practice also increased.

IMPLICATIONS FOR NURSING PRACTICE

The findings of the study have several implications on nursing practice, nursing education and nursing administration.

Nursing practice

The finding creates awareness that IEC package is an effective tool for teaching.

In-service education needs to be provided to all nurses to update their knowledge regarding prevention and management of common problems during infancy.

It is important role of nurses to render information through education in simple ways to enhance the mother's knowledge.

Infants were the majority group at risk for many health problems. Since the knowledge of mothers of infants were inadequate, it is necessary for the nurses to educate the mothers regarding common problems during infancy.

Not only in the community, but also in hospital setting the nurses can schedule and plan for teaching programs to educate mother.

Educating the parents must be interesting. In general, the education through interactive sessions will be more effective with the help of AV aids.

The present study findings may help the nurses to plan their teaching according to the knowledge level of parents.

Imparting knowledge regarding prevention and management of common problems during infancy on mothers of infants can prevent increase of infant mortality and morbidity rate.

Nursing education

The practical knowledge of nurses depends upon the education they receive. So the nursing education should prepare the nurses to realize their responsibity as 'Nurse Educator'.

The nursing education should prepare the nurses to practice as 'Nurse Communicator' to render their health services in various settings like community, hospital and other areas.

The nursing curriculum has to focus the nursing students to develop quality skills in providing IEC package.

All aspects of prevention and management of common problems during infancy should be given special focus in the pediatric and community nursing curriculum.

In-service education should be carried out periodically to teach nurses and nursing students regarding the changing trends in the prevention and management of common problems during infancy.

Continuing education program can be planned and implement to the nurses to update their knowledge and skills with the new trends in prevention and management of common problems during infancy.

Nursing administration

Studies of this nature will help the nursing administrator authorities to recognize the need for conducting in-service education and continuing education programmes for the nursing personnel.

The administrator should provide adequate monitory resources in their budget and educative materials like pamphlets, posters, slides, models and cassettes that contain information on all aspects about prevention and management of common problems during infancy.

Nursing administrator should formulate policies that will include staff and students to be actively involved in health teaching.

A separate health education department can be organized which can play a major role in educating the people about common problems of infancy.

They should arrange for mass health education campaigns using IEC package.

Nurse administrator should be actively involved in initiating awareness programs that will help to bring down the infant mortality rate.

Nursing research

The finding of the study helps to expand the body of professional knowledge upon which further researches can be conducted.

Well designed quality assurance studies need to be conducted to determine whether the use of symptoms management guidelines can improve the practice.

The Indian literature shows that there are only very limited studies conducted so far. Hence more studies can be conducted in this area in order to strengthen the expanded role of nurses.

RECOMMENDATIONS FOR FURTHER STUDY

1. A similar study could be conducted or replicated on a larger sample.
2. The explorative study can be done to evaluate the association of prevention and management of common problems during infancy with the background variables of the mothers of infant.
3. Descriptive and qualitative study can be done on prevention and management of common problems during infancy.

4. Alternative therapies can be adopted for management of common problems during infancy.
5. Similar studies can be done for many problems occurring frequently during infancy.
6. Quasi-experimental study can be done on prevention and management of common problems during infancy.
7. A comparative study can be done on prevention and management of common problems during infancy between rural and urban infants.
8. A similar study can be done for children under 5 age group.
9. A Similar studies can be done for prevention and management of viral and bacterial diseases during infancy.
10. Extensive researches should be conducted in various settings regarding viral and bacterial diseases common in infancy.

LIMITATIONS

1. The study assessed only the mothers' knowledge and expressed practice and the actual practice was not observed.
2. There was no control on certain extraneous variables like sources of information after the pretest.
3. The mothers were not randomly assigned. Hence the convenience sampling restricts the generalization.
4. The study was done in the urban setup only.
5. This study applies only to the age group of infancy.

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APPENDIX - A

LETTER REQUESTING FOR VALIDATION

From

Ms. G. Karthiga,
II Year M.Sc(N),
Dr. G. Sakunthala College of Nursing,
T.V. Kovil,
Trichy – 5.

To

Through

The Principal,
Dr. G. Sakunthala College of Nursing,
T.V. Kovil,
Trichy – 5.

Respected Sir,

Sub: *Letter Requesting opinion and suggesting from Experts for establishing content validity of the tool.*

I am G. Karthiga M.Sc. Nursing student of Dr. G. Sakunthala College of Nursing, T.V. Kovil, Trichy – 5. As part of my course, I am doing study on the topic mentioned below.

'A Pre Experimental study to evaluate the effectiveness of Information, Education and communication package on knowledge and expressed practices of prevention and management of common problems during infancy on mothers of infant in Srirangam, Trichy, 2010'.

May I request you to go through and validate the content of the tool. Please give your valuable suggestion for modifying the tool.

Thanking you,

Your's sincerely,
G. Karthiga,
II Year M.Sc (N) Student,

APPENDIX – B

List of experts consulted for the content validity of research tool

1. **Prof. Mrs. Kalai Kuru Selvi,** ***M.Sc(N).***
   HOD, Pediatric Department,
   Madha College of Nursing,
   Manamadhurai.

2. **Mrs. Vani Chitra Devi,** ***M.Sc.(N)*****,**
   Lecturer, pediatric department,
   JJ college of Nursing,
   Pudukkottai.

3. **Dr. V. Kanagaraj,** ***M.D., D.C.H., D.L.O.,***
   Dr. GVN Hospital,
   Trichy.

4. **Mrs. Sagaya Mary,** ***M.Sc.(N),***
   Principal,
   Our Lady of Health College of Nursing,
   Tanjore.

5. **Mrs. Meenakshi,** ***M.Sc.(N),***
   Department of Pediatrics,
   Annamalai University,
   Chidambaram.

APPENDIX – C

A.RESEARCH INSTRUMENT (English)

QUESTIONNAIRE ON PREVENTION AND MANAGEMENT OF COMMON PROBLEMS DURING INFANCY

Introduction

Good morning, I am G. Karthiga, II year, M.Sc., Nursing student of Dr.G. Sakunthala college of Nursing, Trichy, I will ask you a few questions regarding Prevention and Management of Common Problems during Infancy. This is only for educational purpose. The confidentiality will be strictly maintained. Interview schedule to assess the knowledge of mother's of infants regarding Prevention and Management of Common Problems during Infancy.

PART-I

(Demographic Data of mother's of infants)

Instruction

Please read every question carefully and put a tick mark (✓) and indicated the response that you chose against the space provided.

1. Age in years
   - a) Below 30 ( )
   - b) 30-35 ( )
   - c) Above 35 ( )

2. Number of children
   - a) One child ( )
   - b) Two children ( )
   - c) Above two ( )

3. Religion

a) Hindu ( )

b) Muslim ( )

c) Christian ( )

4. Education

a) Illiterate ( )

b) Primary school ( )

c) Middle school ( )

d) High school ( )

e) Graduate ( )

5. Occupation

a) House wife ( )

b) Coolie ( )

c) Private ( )

6. Family income in ₹

a) < 3000 ( )

b) 3001-5000 ( )

c) >5001 ( )

7. Type of family

a) Nuclear family ( )

b) Joint family ( )

c) Extended ( )

8. Source of information

a) Health personnel ( )

b) Mass media ( )

c) Family members/ Neighbors ( )

PART - II

Knowledge Questionnaire

1. What is diarrhea?

a) Loose watery stools 3 or more times.

b) Loose watery stools once.

c) Mucus in the stool.

d) Blood in the stool.

2. What cause diarrhea?

a) Germs entering the body.

b) Eating more sugar in the milk.

c) Giving cow's milk.

d) Giving more amount of water.

3. Which one of the following factor responsible for diarrhea?

a) Inadequate ventilation.

b) Over crowding.

c) Poor hygienic practices

d) Poor health.

4. Which is the mode of transmission for diarrhea?

   a) Through air.

   b) Through food.

   c) Through water.

   d) Bare foot.

5. What are the signs and symptoms of diarrhea?

   a) Very alert.

   b) Has moist mouth and tongue.

   c) Sleeps well.

   d) Dry mouth and tongue, thirsty, sunken eyes.

6. What do you know about oral rehydration solution?

   a) Salt solution.

   b) Sugar solution.

   c) Salt and sugar solution

   d) Water only.

7. When will you give oral rehydration solution (ORS)?

   a) During diarrhea.

   b) During fever.

   c) During cold.

   d) During abdominal pain.

8. What are the advantages of oral rehydration solution?

   a) To replace salt and water.

   b) To replace electrolytes.

   c) To replace vitamins.

   d) To replace iron.

9. What should you do for diarrhea?

a) Give plenty of liquids to drink.

b) Give fruit juices alone.

c) Give only vegetable soup to drink.

d) Stop breast feed.

10. How to reduce diarrhea?

a) Hand washing, safe disposal of feces, keeping drinking water free from fecal contamination.

b) Unhygienic practices, safe disposable of feces, not keeping water free from fecal contamination.

c) Unhygienic practices, safe disposable of feces, keeping water free from fecal contamination.

d) Safe drinking water, open defecation.

11. What is upper respiratory tract infection?

a) Infection affecting the upper respiratory tract only

b) Infection which is highly communicable

c) Infection which is manifested by severe breathing difficulty.

d) Infection which is manifested by convulsions.

12. What cause upper respiratory tract infection?

a) Virus, bacteria , fungus

b) Cold environment

c) Poor sanitation

d) Poor hygiene

13. What are the environmental factors responsible for upper respiratory tract infection?

    a) Poor sanitation
    b) Poor ventilation
    c) Over crowding
    d) Cold environment

14. Why does upper respiratory tract infection frequently occur in infant?

    a) Immature immune system
    b) Poor nutritional status
    c) Poor personal hygiene
    d) Poor environmental sanitation

15. What is the mode of transmission for upper respiratory tract infection?

    a) Coughing, Sneezing, Handling child by affected persons.
    b) Through air
    c) through water
    d) through food

16. How can you prevent upper respiratory tract infection?

    a) Giving immunization to the child.
    b) Giving nutritious food.
    c) Vitamin ‘A’ supplementation.
    d) Use appropriate clothing according to season.

17. How ca n you safe guard the resistance power of your child against infections?
    a) Prevent environmental pollutions.
    b) Immunize child against preventable diseases .
    c) Prevent malnutrition.
    d) Maintain good personal hygiene.

18. How will you manage upper respiratory tract infection infection at home?
    a) Keeping child warm
    b) Give steam inhalation / adequate rest
    c) Frequent feeding/breast milk.
    d) Increasing fluid intake.

19. How does steam inhalation help in treatment of upper respiratory tract infection?
    a) Loosens sputum
    b) Relieves edema and congestion of respiratory tract
    c) Relieves cough
    d) Reduce pain

20. What modifications would you make in the house to have a healthy environment?
    a) Stop smoking inside the house
    b) Have smoke outlet in the house
    c) Maintain good hygiene
    d) Drink boiled cooled water

21. What is home accidents?
    a) Unexpected
    b) Planned
    c) Expected
    d) Known

22. What are the commonest child hood accidents at home?
    a) Falling, burns, injuries, poisoning
    b) Road accidents
    c) Measles
    d) Fever

23. How will you prevent child hood accidents at home?
    a) Allow the child to play in road sides
    b) Children should be restricted from playing
    c) Keep watching the child while playing
    d) Allow the child to play in the kitchen with you

24. What are the safety measures?
    a) Emergency management
    b) Prevention of accidents
    c) Care of illness
    d) Watching the child

25. What kind of accidents will occur while the child plays in the floor?
    a) Communicable disease
    b) Suffocation
    c) Foreign body aspiration
    d) Drowning

26. How will you prevent the injuries?
    a) By keeping sharp instruments near the child
    b) Keeping all the sharp objects out of reach to the child
    c) Allow the child to play with the door.
    d) Careful watching

27. What is the immediate first aid measure for burns?
    a) Remove adherent clothes and remove child from burning site
    b) Cover the child with blanket
    c) Apply oil
    d) Apply ink

28. What measure taken for healing of burns?
    a) Put coffee powder
    b) Put leaves
    c) Medicine prescribed by doctor
    d) Put turmeric powder.

29. How will you prevent falling from cradle?
    a) Placing the cradle low
    b) Careful watching
    c) Always place baby in the bed on floor
    d) Use of restraints

30. How will you prevent poisoning?
    a) Keep medicine and kerosene in lower place
    b) Keep all medicines and solutions out of reach to the child
    c) Careful watching
    d) Allow the child to play with medicines.

PART - III

Expressed Practice Questionnaire

S. no	Questions	Often	Occasional	Never
1.	Washing hands before feeding the child.			
2.	Continuing breast feeding while the child is having diarrhea			
3.	Using of boiled water for preparation of ORS			
4.	Give more amount of fluids during the time of diarrhea			
5.	Checking for blocked nose before feeding during an episode of respiratory tract infection.			
6.	Giving steam inhalation to the child during respiratory tract infection.			
7.	Keeping the head of the child elevated during sleeping at the time of blocked nose.			
8.	Giving warm water bath to the child at the time of respiratory tract infection			
9.	Keep the child covered always during the time of fever.			
10.	Covering the mouth while coughing is a good habit in preventing spread of upper respiratory tract infection.			
11.	Keeping the medicine locked up will prevent poisoning.			
12.	Make sure the floor is clean while the child is playing			
13.	Allow the child to play with careful watching.			
14.	Giving your child, smooth toys to play.			
15.	If the child happened to Swallow any object, I will never attempt to remove it			

நேர்முக தேர்வின் வடிவமைப்பு – தமிழாக்கம்

பகுதி 1 : தாய்மார்கள் பற்றிய விவரம்
குறிப்பு : பின்வரும் விவரங்களை கவனமாக படித்து சரியான பதிலுக்கு அதன் பக்க வாட்டில் (√) செய்யவும்

எண்:

1. வயது
   - அ. 30 வயதுக்கு கீழ் ()
   - ஆ. 31 – 35 வரை ()
   - இ. 35 வயதுக்கு மேல் ()
2. எத்தனையாவது குழந்தை
   - அ. முதல் குழந்தை ()
   - ஆ. இரண்டாவது குழந்தை ()
   - இ. மூன்றாவது குழந்தை ()
3. மதம்
   - அ. இந்து ()
   - ஆ. முஸ்லீம் ()
   - இ. கிறிஸ்தவர் ()
4. கல்வித்தகுதி
   - அ. படிக்காதவர் ()
   - ஆ. 5ஆம் வகுப்பு வரை ()
   - இ. எட்டாம் வகுப்பு வரை ()
   - ஈ. பத்தாம் வகுப்பு வரை ()
   - உ. பட்டப்படிப்பு ()
5. தொழில்
   - அ. குடும்ப தலைவி ()
   - ஆ. கூலி ()
   - இ. தனியார் நிறுவனத்தில் ()
6. குடும்ப மாத வருமானம்
   - அ. ரூ. 3000 ()
   - ஆ. ரூ. 3001– 5000 ()
   - இ. ரூ. 5001 க்கு மேல் ()
7. குடும்ப வகை
   - அ. தனிக்குடும்பம் ()
   - ஆ. கூட்டுக் குடும்பம் ()
   - இ. விரிவுபடுத்தப்பட்ட குடும்பம் ()
8. விபரங்களை பெறுவது
   - அ. சுகாதார ஆய்வாளர்கள் ()
   - ஆ. தகவல் தொடர்பு சாதனங்கள் மூலம் ()
   - இ. குடும்ப உறுப்பினர்கள் / அக்கம் பக்கத்தினர் ()

பகுதி –2

வடிவமைக்கப்பட்ட கேள்விப் படிவம்

1. வயிற்றுப் போக்கு என்றால் என்ன ?
   - அ. மூன்று அல்லது அதற்கு மேல் தண்ணீரை போல் மலம் கழிப்பது ()
   - ஆ. ஒரு முறை மலம் கழிப்பது ()
   - இ. சீத பேதி ()
   - ஈ. மலத்தில் மேல் சளி காணப்படுவது. ()

2. வயிற்றுப் போக்கு வரக் காரணம் என்ன ?
   - அ. நுண்கிருமிகள் ()
   - ஆ. சர்க்கரை அதிகமாக சாப்பிடுவதால் ()
   - இ. பசும்பால் அருந்துவதால் ()
   - ஈ. அதிக அளவு தண்ணீர் கொடுப்பதால் ()

3. கீழே உள்ளவற்றில் எது வயிற்றுப் போக்கை பரப்புகிறது ?
   - அ. மாசுபட்ட காற்று ()
   - ஆ. கூட்ட நெரிசல் ()
   - இ. சுத்தமின்மை ()
   - ஈ. உடல்நலக் குறைவு ()

4. வயிற்றுப் போக்கு எதன் வழியாக பரவுகின்றது ?
   - அ. காற்று மூலம் ()
   - ஆ. உணவு மூலம் ()
   - இ. தண்ணீர் மூலம் ()
   - ஈ. காலணி அணியாததால் ()

5. வயிற்றுப் போக்கின்போது ஏற்படும் அறிகுறிகள் யாவை ?
   - அ. விழிப்புணர்வு ()
   - ஆ. ஈரமான உதடு மற்றும் வாய் ()
   - இ. நல்ல தூக்கம் ()
   - ஈ. உலர்ந்த வாய் மற்றும் நாக்கு, வறட்சி, குழிவிழுந்த கண்கள் ()

6. உங்களுக்கு சர்கரை மற்றும் உப்பு நீர்க் கரைசல் பற்றி என்ன தெரியும் ?
   - அ. உப்புக் கரைசல் ()
   - ஆ. சர்க்கரை கரைசல் ()
   - இ. சர்க்கரை மற்றும் உப்புக் கரைசல் ()
   - ஈ. தண்ணீர் மட்டும். ()

7. எப்பொழுது சர்க்கரை மற்றும் உப்பு நீர் கரைசலை தருவீர்கள் ?
   - அ. வயிற்றுப்போக்கின் போது ()
   - ஆ. காய்ச்சலின் போது ()
   - இ. சளியின் போது ()
   - ஈ. வயிற்று வலியின் போது ()

8. சர்க்கரை மற்றும் உப்பு நீர்க்கரைசலை கொடுப்பதால் என்ன பயன் ?

அ. உடலில் உள்ள உப்பு தண்ணீர் அளவை நிலைப்படுத்தும். ( )

ஆ. தாது உப்புக்களை சரி செய்யும் ( )

இ. வைட்டமின்களை சரிசெய்யும் ( )

ஈ. இரும்புச் சத்து அளவை சரி செய்யும் ( )

9. வயிற்றுப் போக்கின் போது என்னென்ன வழிமுறைகளை மேற்கொள்வீர்கள் ?

அ. அதிக அளவு தண்ணீர் குடிக்க கொடுக்க வேண்டும். ( )

ஆ. படிச்சாறுகளை கொடுக்க வேண்டும். ( )

இ. காய்கறிச்சாறு கொடுக்க வேண்டும். ( )

ஈ. தாய்பால் கொடுப்பதை நிறுத்த வேண்டும். ( )

10. வயிற்றுப்போக்கு வராமல் தடுப்பதற்கான விதிமுறைகள் யாவை ?

அ. கைகளை கழுவுதல், கழிப்பிடங்களை பயன்படுத்துதல், குடிதண்ணீரை மூடி வைத்தல். ( )

ஆ. சுகாதாரமற்ற சூழல், குடிதண்ணீரை மூடிவைக்காமல் அருந்துதல், கழிப்பிடங்களை பயன்படுத்துதல். ( )

இ. சுகாதாரமற்ற சூழல், கழிப்பிடங்களை பயன்படுத்துதல், குடிதண்ணீரை மூடி வைத்தல் ( )

ஈ. குடி தண்ணீரை மூடிவைத்தல், கழிப்பிடங்களைப் பயன்படுத்தாதது( )

11. மேல்சுவாச மண்டல நோய் என்றால் என்ன ?

அ. சுவாச மண்டலத்தின் மேல்பகுதியைப் பாதிப்பது ( )

ஆ. இது ஒரு தொற்று நோய் ஆகும். ( )

இ. மூச்சுத் திணறல் அதிகமாகக் காணப்படுவது. ( )

ஈ. வலிப்பு நோய் காணப்படுவது. ( )

12. மேல்சுவாச மண்டல நோய் வருவதற்கான காரணங்கள் யாவை ?

அ. நுண்கிருமிகள் ( )

ஆ. குளிர்ச்சியான சுற்றுச் சூழல் ( )

இ. சுற்றுப்புற சூழல் மாசுபடுவதால் ( )

ஈ. சுகாதாரமின்மை ( )

13. எவ்வாறான சுற்றுப்புறச் சூழல் சுவாசமண்டல நோய் வருவதை அதிகரிக்கும் ?

அ. மாசுபட்ட சுற்றுச் சூழல் ( )

ஆ. குறைவான காற்றோட்டம் ( )

இ. அதிக கூட்ட நெரிசல் ( )

ஈ. குளிர்ச்சியான சுற்றுச் சூழல் ( )

14. மேல சுவாசமண்டல நோய் (வயதிற்குட்பட்ட குழந்தைகளை ஏன் பாதிக்கின்றது ?)

அ. குறைந்த நோய்தடுப்பு நிலை ( )

ஆ. குறைந்த ஊட்டச்சத்து நிலை ( )

இ. குறைந்த சுயசுத்தம் ( )

ஈ. சுற்றுச் சூழல் மாசு ( )

15. சுவாச மண்டல நோய் பரவும் முறைகள் யாவை ?

அ. இருமும் போதும், தும்மும் பொழுது, நோயுண்டவர் குழந்தையை தூக்கும் பொழுது ()

ஆ. காற்று மூலம் ()

இ. தண்ணீர் மூலம் ()

ஈ. உணவு மூலம் ()

16. மேல் சுவாசமண்டல நோயைத் தடுக்கும் முறைகள் யாவை ?

அ. குழந்தைக்கு தடுப்பூசி போடுதல் ()

ஆ. ஊட்டச்சத்துள்ள உணவை கொடுத்தல் ()

இ. வைட்டமின் 'ஹ' திரவத்தை கொடுத்தல் ()

ஈ. காலத்திற்கேற்ற உடையை அணிதல் ()

17. உங்கள் குழந்தையின் நோய்த்தடுப்புச் சக்தியை எவ்வாறு பாதுகாப்பீர்கள் ?

அ. சுற்றுப்புற சுகாதாரம் ()

ஆ. தடுப்பூசி போடுவதன் மூலம் ()

இ. ஊட்டச்சத்து குறைவினை தடுத்தல் ()

ஈ. சுயசுத்தம் ()

18. மேல்சுவாச மண்டல நோயை எவ்வாறு சரிசெய்யலாம் ?

அ. குழந்தையை எப்போதும் ()

ஆ. நீராவி பிடிக்க செய்தல் / போதுமான ஓய்வு ()

இ. தாய்ப்பால் / அதிக அளவு தண்ணீர் கொடுத்தல் ()

ஈ. அதிக அளவு தண்ணீர் கொடுத்தல். ()

19. நீராவி பிடிப்பது எவ்வாறு மேல் சுவாச மண்டல நோயை நீக்குகிறது ?

அ. சளியை உருக்கும் ()

ஆ. சுவாச மண்டல நோயின் இறுக்கத்தை தளர்த்தும் ()

இ. இருமலை நீக்கிவிடும். ()

ஈ. வலியைக் குறைக்கும் ()

20. ஆரோக்கியமான சுற்றுச் சூழலை உங்கள் வீட்டில் அமைக்க என்ன செய்வீர்கள் ?

அ. வீட்டில் புகைப்பிடிப்பது ()

ஆ. சமையல் புகையை வெளியேற்றுமாறு தும்பி அமைத்தல் ()

இ. சுயசுத்தம் ()

ஈ. வடிகட்டிய, ஆறிய தண்ணீரை அருந்துதல் ()

21. வீட்டில் ஏற்படும் விபத்துகள் என்பது ?

அ. எதிர்பார்க்காதது ()

ஆ. வரையறுக்கப்பட்டது ()

இ. எதிர்பார்த்தது ()

ஈ. தெரிந்தது

22. வீட்டில் ஏற்படும் பொதுவான விபத்துக்கள் யாவை ?

அ. கீழே விழுதல், தீக்காயம், வெட்டுக்காயம், தேவையில்லாத உணவுப் பொருட்களை உட்கொள்ளுதல்

ஆ. சாலை விபத்து

இ. அம்மை நோய்

ஈ. காய்ச்சல்

23. வீட்டில் ஏற்படும் சிறுவிபயத்துக்களை எவ்வாறு தடுக்கலாம் ?

அ. குழந்தைகளை சாலையில் விளையாட விட வேண்டும்.

ஆ. குழந்தைகளை விளையாட விடவேக் கூடாது

இ. குழந்தைகள் விளையாடும் போது அருகில் இருந்து கவனிக்க வேண்டும்

ஈ. சமையலறையில் குழந்தைகளை நம்முடன் விளையாட வைக்க வேண்டும்

24. பாதுகாப்பான வழிமுறைகள் என்பது ?

அ. தீவிர சிகிச்சை

ஆ. விபத்துக்கள் ஏற்படாமல் தடுப்பது

இ. மருத்துவ முறைகள்

ஈ. குழந்தைகளை கண்காணிப்பது

25. குழந்தைகள் தரையில் விளையாடும் பொழுது என்னென்ன விபத்துக்கள் ஏற்படும் ?

அ. தொற்றுநோய்

ஆ. மூச்சுத் திணறல்

இ. கீழே கிடக்கும் சிறிய பொருட்களை விழுங்குதல்

ஈ. மயக்கமாதல்

26. வெட்டுக்காயம் ஏற்படாமல் எவ்வாறு தடுக்கலாம் ?

அ. கூர்மையான பொருட்களை குழந்தைகளுக்கு அருகில் வைக்க வேண்டும்.

ஆ. கூர்மையான பொருட்களை குழந்தைகளுக்கு அருகில் வைக்கக் கூடாது

இ. கதவு இடுக்குகளில் குழந்தைகளை கைவைத்து விளையாட வைக்கவேண்டும்.

ஈ. குழந்தைகளை கவனிப்பாக பார்த்துக் கொள்ள வேண்டும்.

27. தீக்காயத்திற்கான முதலுதவி எது ?

அ. குழந்தையின் துணிகளை கழற்றிவிட்டுவிட்டு, குழந்தையை விபத்து இடத்திலிருந்து அப்புறப்படுத்த வேண்டும்.

ஆ. குழந்தையை போர்வையால் மூட வேண்டும்.

இ. எண்ணெய் தடவ வேண்டும்

ஈ. பேனாமையை தடவ வேண்டும்.

பகுதி –3

செயல்முறைப் பற்றிய கேள்வித் தொகுப்பு

வ.எண்	செயல்முறை பற்றிய கேள்விகள்	எப்பொழுதும்	சில சமயங்களில்	இல்லை
1.	குழந்தைக்கு உணவு ஊட்டும் பொழுது கைகளை கழுவ வேண்டும்.			
2.	குழந்தைக்கு வயிற்றுப் போக்கின் போது தாய்ப்பால் தர வேண்டும்.			
3.	சர்க்கரை மற்றும் உப்புநீர்க்கரைசல் தயாரிக்கும் போது காய்ச்சிய தண்ணீரைப் பயன்படுத்தவும்.			
4.	வயிற்றுப்போக்கின் போது குழந்தைக்கு அதிக அளவு தண்ணீரை அருந்தக் கொடுக்க வேண்டும்	எப்பொழுதும்	சில சமயங்களில்	இல்லை
5.	பால் கொடுக்கும் போது மூக்கடைப்பு உள்ளதா என சரிபார்க்க வேண்டும்.			
6.	சுவாச மண்டலம் நோயின் போது நீராவி பிடிக்க செய்ய வேண்டும்.			
7.	மூக்கடைப்பின்போது குழந்தையின் தலையை தூக்கி வைத்து தூங்க வைக்க வேண்டும்.			
8.	சுவாச மண்டல நோயின்போது சுடுதண்ணீரில் குளிக்க வைக்க வேண்டும்.			
9.	காய்ச்சலின் பொழுது குழந்தையை போர்த்தி வைக்க வேண்டும்.			
10.	இருமும் பொழுது வாயை கையினால் மூடுவது மேலசுவாச மண்டல நோயைத் தடுக்கும்.			

11.	குழந்தைகள் தலையில் விளையாடும் போது சிறுசிறு பொருட்களை அப்புறப்படுத்த வேண்டும்.			
12.	மருந்துகளை உயராமான இடங்களில் வைத்துப் பூட்டி வைக்க வேண்டும்.			
13.	குழந்தைகள் விளையாடும் பொழுது கவனமாக பார்த்துக் கொள்ள வேண்டும்.			
14.	குழந்தைகளுக்கு மெதுவான விளையாடாமல் பொருட்களை விளையாட கொடுக்க வேண்டும்			
15	குழந்தைகள் ஏதேனும் பொருட்களை உட்கொண்டால் அதை எடுக்க முயற்சிக்கக் கூடாது			

APPENDIX – D

SCORING KEY

PART -1

ITEM SCORE - 1KNOWLEDGE QUESTIONNAIRE

ITEM NO	A	B	C	D
1.	1	0	0	0
2.	1	0	0	0
3.	0	0	1	0
4.	0	0	1	0
5.	0	0	0	1
6.	0	0	1	0
7.	1	0	0	0
8.	0	1	0	0
9.	1	0	0	0
10.	1	0	0	0
11.	1	0	0	0
12.	1	0	0	0
13.	0	1	0	0
14.	1	0	0	0
15.	1	0	0	0
16.	1	0	0	0
17.	0	1	0	0
18.	0	1	0	0
19.	0	1	0	0
20.	0	1	0	0
21.	1	0	0	0
22.	1	0	0	0
23.	0	0	1	0
24.	0	1	0	0
25.	0	0	1	0
26.	0	1	0	0
27.	1	0	0	0
28.	0	0	1	0
29.	0	0	1	0
30.	0	1	0	0

PART – II

SCORING KEY

ITEM SCORE – 2 EXPRESSED PRACTICE QUESTIONNAIRE

ITEMNO	ALWAYS	OCCASIONAL	NEVER
1	2	1	0
2	2	1	0
3	2	1	0
4	2	1	0
5	2	1	0
6	2	1	0
7	2	1	0
8	2	1	0
9	2	1	0
10	2	1	0
11	2	1	0
12	2	1	0
13	2	1	0
14	2	1	0
15	2	1	0

APPENDIX – E

IEC PACKAGE

TEACHING MODULE

Topic	:	Prevention and Management of Common Problems during infancy
Group	:	Mothers of Infants
Venue	:	Srirangam Community area
Time Duration	:	1 Hour 30 mins
AV aids	:	Handouts and flash cards
Method of teaching:		Lecture cum Discussion

General objective

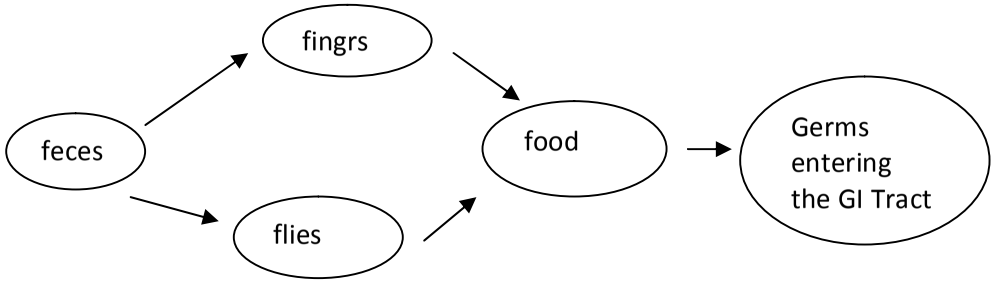
The sample (mothers of infants) will be able to knowledge regarding Prevention and Management of Common Problems during infancy and apply this knowledge into their day today practice.

Specific objectives

The sample will be able to

- Define the Prevention and Management of Common Problems during infancy
- List out causes of Prevention and Management of Common Problems during infancy
- Explain the Signs and symptoms of Prevention and Management of Common Problems during infancy
- State the preventive measure Prevention and Management of Common Problems during infancy
- Discuss the management Prevention and Management of Common Problems during infancy
- Describe the Home management of Prevention and Management of Common Problems during infancy.

Specific objectives	Time	Content	Teachers activity	Learners activity	Evaluation
To introduce the topic. .	2min	INTRODUCTION Healthy children are the pride for the parents and for the country. Diarrhea, upper respiratory tract infection and home accidents are the leading cause for diseases and death in infancy and in childhood in developing countries. Death rate may be greater in the less developed countries, because of low resistance against infections due to malnutrition, over crowding, poor environmental circumstances such as poor indoor air pollution. Mothers are the primary care giver for children. Only if mothers have knowledge about causes, spread, signs and symptoms, prevention and management of common problems during infancy, children can be protected from occurrence as well as complications.	Describing and discussing	listening	
Meaning and Etiology of diarrhea	3 min	DIARRHEA Diarrhea is three or more loose watery stools in a day (24 hrs). ***Etiology*** ✓ Viruses ✓ Bacteria	Describing and discussing	Listening	What is diarrhea?

		✓ Protozoa ✓ Insanitary and unhygienic living conditions ✓ Polluted air			
Mode of transmission of diarrhea	3 min	***Mode of transmission*** 	Describing and discussing	Listening	What is the mode of transmission for diarrhea?
Sins and symptoms of diarrhea	5 min	***Signs and symptoms*** • Three or more watery stools • Vomiting • Giddiness • Tiredness • Loss of appetite • Insomnia • Crying	Describing and discussing	Listening	What is the signs and symptoms of diarrhea?.

		• Fever • Dry tongue and mouth • Dry skin • Sunken eyes • Thirsty			
Management of diarrhea	10 min	***Treatment*** ***Home treatment*** ✓ Give the child more oral fluids than usual ✓ Give oral rehydration solution ✓ Breast milk is continued. ✓ Give rice water kanjee.	Describing and Discussing	Listening and contributing	How will you manage diarrhea?
Preparation of oral rehydration solution	15 min	***Preparation of oral rehydration solution*** Sugar 40g + salt 4 g + boiled water 1000ml = oral rehydration solution. Age — amount of ORS to give after each stool — total amount of ORS Less than 24 months — 50-100 ml — 500 ml/ day 2 up to 10 years — 100-200 ml — 1000ml/day 10 years or more — as much as needed — 2000 ml / day	Describing and Discussing	Listening	How will you prepare ORS?

		• Describe and show the amount to be given after each stool using a local measure. • Give a teaspoonful every 1-2 mts for a child under 2 years. • Give frequent sips from a cup for an older child. • If the chid vomits, wait for 10 mts. Then give the solution slowly.			
Prevention of diarrhea	5 min	***Prevention*** Water used for preparing drinks should be boiled. Advice the mother to take the child to the worker if he or she is not getting better in 3 days or develops any of the following. Mothers should give only breast milk to their babies for the first 4-6 months and then continue breast feeding up to 2 years. After defecation , before preparing food, before eating, before feeding a child, mother should wash hands. The latrine should be kept clean by regular washing of dirty surfaces. If there is no latrine, family members should defecate at a distance from the house paths, or areas where children play and atleast 10 meters from the water supply.	Describing and Discussing	Listening and contributing.	How will you prevent diarrhea?

Meaning and etiology of upper respiratory tract infection	3 min	UPPER RESPIRATORY TRACT INFECTION Respiratory infections are infections in any area of respiratory tract include nose, ear, and throat. *Etiology* ➢ Virus ➢ Bacteria ➢ Fungus ➢ Other organisms. ➢ By inhalation of droplet residue which remain suspended in the aim by the susceptible person. ➢ Through hand to hand transfer the organ agent reaches the host (or) susceptible person. ➢ Over crowding ➢ Polluted air	Describing and discussing	Listening and contributing	What is upper respiratory tract infection?
signs and symptoms of upper respiratory tract infection	3 min	Signs and symptoms of upper respiratory tract infection • Running nose • Cough • Fever • Earache	Describing and discussing	Listening and contributing	What are the signs and symptoms of upper respiratory tract

		• Restlessness and irritability • Continuous crying			infection?
Management of upper respiratory tract infection	15 min	MANAGEMENT OF UPPER RESPIRATORY TRACT INFECTION RUNNING NOSE This occurs because of the changes in the respiratory system the edema, separation and possible sloughing of the epithelial cells and the production of epithelial cells may lead to nasal discharge and this may irritate the edges of the nostrils and upper lips. *management* !!! remember…… Do not blow both the nostrils simultaneously(it can cause ear infection) Blow one nostril at a time and just wipe it with soft clothes. Don't allow the child to get wet. COUGH Coughing is the body's way of cleaning the breathing system and getting rid of mucus with pus and germs in the throat or lungs. *Management*	Describing and discussing	Listening and contributing	How will you manage upper respiratory tract infection?

		➢ To loosen mucus give your child lots of warm fluids give enough rest inhaled steam helps to liquefy the mucus and to clear a stuffy nose. ➢ Residents must stop smoking at home or at least ➢ Do not allow the family members to smoke near the child. EAR PROBLEM The middle ear is considered as a part of the respiratory tract. It is connecte to the throat by Eustachian tube. The middle ear often gets infected when there is an infection of the nose and throat. When the child has an ear infection, pus collects behind the eardrum. *management* ✓ Dry the ear by wicking. ✓ Roll of clean soft absorbent, cotton cloth into a wick. ✓ Never use cotton tipped applicator or stick. ✓ Place the wick in the child's ear and remove when it is wet ✓ Replace the wick with a clean one. ✓ Do not leave anything in the ear such as cotton wool… ✓ Do not put oil or other fluids to the ear.			

		FEVER Fever is common in upper respiratory tract infections. This is body's natural response to fight against infection. If the fever is low (mild) Give the child more fluids Keep the child warm with lightly clothed. If you feel the child is having high fever take the child to nearby health centre or hospital.	Describing and Discussing	Listening and contributing	
Control measures of upper respiratory tract infection	3 min	CONTROL MEASURES ☯ Avoid contact of the child with the infected person. ☯ Avoid kissing the infant by an infected person. ☯ Proper hand washing by the mother, care givers before feeding and handling the child. ☯ Immunize the child.	Describing and Discussing with flash cards	Listening and contributing	How will you prevent upper respiratory tract infection?
meaning of home accidents	3 min	HOME ACCIDENTS An incident is an event, independent of human will, caused by an outside force acting rapidly and resulting in bodily or mental injury. The occurrence of injury is unintended. Majority of accidents are preventable.	Describing and Discussing with flash cards	Listening and contributing	What is home accident?

COMMON HOME ACCIDENTS DURING INFANCY		THE COMMON HOME ACCIDENTS DURING INFANCY ✸ Cuts, lacerations and trapping of fingers. ✸ Falls ✸ Burns ✸ Poisoning ✸ Foreign body aspiration	Describing and Discussing with flash cards	Listening and contributing	What are all the Common Home Accidents During Infancy?
Managent and prevention of cuts, lacerations and trapping of fingers	5 min	CUTS, LACERATIONS AND TRAPPING OF FINGERS. Sharp objects such as blades, scissors, opened tins, knives, forks, nails and certain poor quality play things must neither be left about nor children permitted to run about with them. Children must be discouraged from playing door banging games and from closing the doors with lot of force. The elders must set an example by opening and closing doors gently. They must always watch that child's fingers do not get trapped while the door is being closed. If an injury occurs, the elders should clean the wound with soap and water and then apply antiseptic solution before reporting to the doctor.	Describing and Discussing with flash cards	Listening and watching	How will you manage and prevent cuts, lacerations and trapping of fingers?

Managent and prevention of falls	3 min	FALLS In a small infant's case, railing of the cot must be kept up. As soon as he is old enough to climb out of cot, he should be made to sleep in a bed. The child should never be allowed to play on stairs or a ladder. No greasy stuff should be placed in such a manner that children do not climb over it to look out of the window and then have nasty falls. It is good to have a safe high chair. The child should always be removed to the nearest hospitals casualty if he gets a fracture, a large wound or becomes unconscious following a fall.	Describing and Discussing with flash cards	Listening and watching	How will you manage and prevent falls?
Management and prevention of burns	5 min	BURNS The child may get burns from spilling of hot soup, water, tea, coffee or milk. He may start playing with a low level stove in the kitchen and burn him self. He should never be allowed to play with matchsticks or fire works. Never let him into the practice of climbing into the practice of climbing into the fireplace to recover a plaything. It is dangerous to have a mirror above the fireplace. The child may like to look at himself in it and have his clothes catch fire. The child must never wear garments of such inflammable synthetic material as will easily catch fire.	Describing and Discussing with flash cards	Listening and watching	How will you manage and prevent burns?

		It is risky to hold baby in mother's lap, and then sip hot tea or coffee. A hot water bottle must never be left in child's bed. Hot tea or coffee pot must never be placed close to edge of a table. Also, table cloth must not hang over the edge of the table. The child may pull the cloth, bringing the hot stuff over him. In case of a minor burn, the doctor may be looked up in due course of time but, if the burn is extensive, the child must immediately be rushed to the hospital.			
Management and prevention of poisons	5 min	POISONS All medicines,pesticides, disinfectants and cleansing agents – infact all poisonous items – must be kept out of child's reach. It is advisable to label all bottles adequately say "kerosene oil" or "turbentine oil". All discarded medicines need destruction rather than a lazy waiting for the occasion to come when these may be reused. The child must never be told that the pill is sweet. A medicine must be treated as medicine. Wax crayons should not be to a child as these are likely to be chewed by him, causing poisoning. Painting of household walls with lead paint must be avoided.	Describing and Discussing with flash cards	Listening and watching	How will you manage and prevent posions?

		Children suffering from pica may eat up the paint flakes and then have lead poisoning. The batteries of a torch light must not be left freely to avoid risk of lead poisoning.			
Managent and prevention of Foreign Bodies	2 min	FOREIGN BODIES Such objects as coins, marbles, buttons, nuts, beads, pins, etc. must not be left within child's reach. Children should be taught not to put such objects into the mouth, ear or nose as soon as they can understand. If the parents suspect the child has taken a foreign body in, they must immediately consult a specialist rather than heroically remove it themselves.	Describing and Discussing with flash cards	Listening and watching	How will you manage and prevent foreign bodies?
To conclude the topic	2 min	CONCLUSION I believe that after this session you have very well understood the prevention and management of common problems during infancy. Also I hope you have understood the above details and practice the same in future in the care of children.	Describing and discussing	Listening and watching	

வயிற்றுப் போக்கு, மேல்சுவாச மண்டல நோய் மற்றும் வீட்டில் ஏற்படும் சிறுசிறு விபத்துக்களுக்கான தடுப்பு மற்றும் சிகிச்சை முறைகள்

பாடம்	:	வயிற்றுப்போக்கு, மேல்சுவாச மண்டல நோய், மற்றும் வீட்டில் ஏற்படும் சிறுசிறு விபத்துக்கள்
குழு	:	6–12 மாத குழந்தைகளின் தாய்மார்கள்
நேரம்	:	1 மணி நேரம் 30 நிமிடம்
இடம்	:	ஸ்ரீரங்கம் கிராமப்பகுதி
கற்பிக்கும் முறை	:	விரிவுரை மற்றும் கலந்தாய்வு
கற்பிக்க உதவும் உபகரணங்கள்	:	கையேடு, வண்ணப்பட அட்டை

பொதுவான பொருளுரை

கற்பித்தல் மற்றும் கலந்துரையாடல்

6–12 மாதத்திற்குட்பட்ட குழந்தைகளின் தாய்மார்கள் அனைவரும் தங்கள் குழந்தைகளுக்கு ஏற்படும் சிறுசிறு பிரச்சினைகளைப் பற்றி தெரிந்து கொண்டு செயல்படவே ஆகும்.

குறிப்பிட்ட பொருளுரை

1. வயிற்றுப் போக்கு என்றால் என்ன?
2. மேல்சுவாச மண்டல நோய் என்றால் என்ன?
3. 6–12 மாதத்திற்கு உட்பட்ட குழந்தைகளுக்கு வீட்டில் ஏற்படும் சிறுசிறு விபத்துக்கள் யாவை? சிறுசிறு விபத்துக்களுக்கான காரணங்கள் யாவை?
4. இந்நோய்களின் அறிகுறிகள் யாவை?
5. இந்நோய்களுக்கான தடுப்புமுறைகள் யாவை?
6. இந்நோய்களுக்கான சிகிச்சை முறைகள் யாவை?

வ. எண்.	குறிக்கோள்	நேரம்	பொருளடக்கம்	கற்பிப்பவர் செயல்பாடுகள்	கற்பவர் செயல்பாடுகள்	மதிப்பீடு
1.		2 நிமிடம்	முன்னுரை ஆரோக்கியமான குழந்தைகள் பெற்றோர்க்கும், நாட்டிற்கும் பெருமை தருபவர்கள். வயிற்றுப் போக்கு, மேல்சுவாச மண்டல நோய் மற்றும் வீட்டில் ஏற்படும் சிறு விபத்துக்கள் போன்றவை வளருகின்ற நாட்டில் குழந்தைப் பருவத்தில் ஏற்படும் உயிர்க்கொல்லி நோயகளாகும். நம் நாட்டைப் போன்று வளரும் நாடுகளில் இந்நோயால் (வயிற்றுப் போக்கு 15 விழுக்காடு, மேல்சுவாச மண்டல நோய் 18 விழுக்காடு, பிற காரணங்கள் 22 விழுக்காடு) இறக்கும் குழந்தைகளின் எண்ணிக்கை அதிகம். இதற்கு காரணம் ஊட்டச்சத்து குறைபாடு, கூட்ட நெரிசல், குறைவான சுற்றுப்புற சுகாதாரம் மற்றும் வீட்டில் மாசுபட்ட காற்றின் நிலை. எனவே தாய்மார்கள் இந்நோயைப் பற்றி கண்டிப்பாக அறிந்து கொள்ள வேண்டும்.			

1.	வயிற்றுப் போக்கு என்பது	1 நிமி	வயிற்றுப் போக்கு வயிற்றுப்போக்கு என்பது மூன்று அல்லது அதற்கு மேல் தண்ணீரை போல் மலம் ஒரே நாளில் வெளியேறுதல் ஆகும்	விளக்கவுரை	கலந்துரையாடல் மற்றும் பங்கேற்றல்	வயிற்றுப் போக்கு என்றால் என்ன ?
2.	வயிற்றுப் போக்கிற்கான காரணங்கள்	5நிமிடம்	காரணங்கள் வைரஸ் பாக்டீரியா புரோட்டோசோவா மற்ற ஒட்டுண்ணிகள்	கையேடு மூலம் விளக்கவுரை	கலந்துரையாடல் மற்றும் பங்கேற்றல்	வயிற்றுப் போக்கிற்கான காரணங்கள் யாவை ?
			வயிற்றுப்போக்கு பொதுவாக மலத்தினால் மாசுபட்ட தண்ணீர், உணவு மற்றும் நேரடியாக கழிவுகளில் தொடர்பு கொள்வதினால் ஏற்படுகின்றது. ➢ 6 மாதத்திற்கு மேல் உள்ள குழந்தைகளுக்கு இணை உணவு கொடுக்கும் போது பயன்படுத்தும் பாத்திரங்கள், தண்ணீர் மற்றும் பால்புட்டிகளை சரியாக சுத்தம் செய்யாததால் ஏற்படுகின்றது. ➢ குழந்தை தவழும் பொழுது கீழே கிடக்கும்			

			உணவுப் பொருட்களை உண்ணுவதால். ➢ சரியாக தாய்ப்பால் கொடுக்காததால்			
3.	வயிற்றுப் போக்கின் அறிகுறிகள்	3 நிமிடம்	வயிற்றுப் போக்கின் அறிகுறிகள் ➢ 3 அல்லது அதற்கு மேல் தண்ணீரைப் போல் மலம் கழித்தல். ➢ வாந்தி ➢ மயக்கம் ➢ குழந்தை சோர்வாகக் காணப்படுதல் ➢ பசியின்மை ➢ தூக்கமின்மை ➢ குழந்தை அழுது கொண்டே இருத்தல் ➢ தோல் சுருக்கம் காணப்படுதல்			
4.	வயிற்றுப் போக்கிற்காக சிகிச்சை முறைகள்	10 நிமிடம்	➢ வயிற்றுப் போக்கின்போது குழந்தைகளுக்கு காய்ச்சி, வடிகட்டிய நீரை அடிக்கடி கொடுக்கவும். ➢ தாய்ப்பால் மிகச்சிறந்த உணவாகும். ➢ சாதம் வடித்த கஞ்ரியை சிறிதளவாக கொடுக்க வேண்டும்.	விளக்கவுர	கலந்துரையாடல் மற்றும் பங்கேற்றல்	வயிற்றுப் போக்கிற்கான சிகிச்சை முறைகள் யாவை ?

			➢ காய்கறி மற்றும் பழச்சாறு கொடுக்கவும் ➢ சர்க்கரை மற்றும் உப்புநீர் கரைசல் (ஓ.ஆர்.எஸ். திரவம்) ➢ சர்க்கரை மற்றும் உப்பு நீர் கரைசல் என்பது வயிற்றுப்போக்கின் போது உயிர்நீர்த் திரவமாகக் கருதப்படுகிறது சர்க்கரை மற்றும் உப்புநீர்க் கரைசலில் இதுவே சரியான சிக்சை முறையாக வயிற்றுப் போக்கிற்கு கருதப்படுகிறது.			
			சர்க்கரை மற்றும் உப்புநீர்க் கரைசல் தயாரிக்கும் முறைகள் ➢ காய்ச்சி, வடிகட்டிய, ஆறிய தண்ணீரை எடுத்துக் கொள்ள வேண்டும். ➢ அதில் சர்க்கரை 40 கிராம் மற்றும் உப்பு 4 கிராம் சேர்த்து நன்றாகக் கலந்து கொள்ள வேண்டும். ➢ இதை சிறு ஸ்பூன் மூலமாக 2–3 நிமிடங்களுக்கு ஒரு முறை கொடுக்க வேண்டும்.			

			➢ குழந்தை வாந்தி எடுத்தால் நிறுத்திவிட்டு 10 நிமிடங்கள் கழித்து பிறகு கொடுக்க வேண்டும். சாதம் வடித்த கஞ்சியுடன் உப்பு சேர்த்தும் கொடுக்கலாம்.			
			சர்க்கரை மற்றும் உப்புநீர் கரைசலின் அளவு வயது / அளவு (ஒவ்வொரு மலம் கழித்த பிறகு) / மொத்த அளவு 1 வயதிற்குட்பட்ட குழந்தைகள் / 50–100மி / 500மி/நாள் 2–10 வயதிற்கு உட்பட்ட / 100–200மி.லி / 1000மி.நாள் 10 வயதிற்கு மேல் / தேவைக்கேற்ப / 2000 மி/நாள்			
5.	வயிற்றுப் போக்னை தடுக்கும் முறைகள்	5 நிமிடம்	தடுப்பு முறைகள் ➢ குழந்தைகளுக்கு உணவு தயார் செய்யும் முன்பும், உணவு ஊட்டுவதற்கு முன்பும், உணவு பாத்திரங்களைக் கழுவியதற்கு பின்பும் கைகளை சோப்பு போட்டு நன்றாக கழுவ வேண்டும்.	கையேடு மூலம் விளக்கவுரை	கலந்துரையாடல் மற்றும் பங்கேற்றல்	வயிற்றுப் போக்கினை தடுக்கும் முறைகள்

			➢ சுத்தமான, காய்ச்சிய, வடிகட்டிய, ஆறிய குடிநீரைத் தான் குழந்தைகளுக்குப் பருக கொடுக்க வேண்டும். ➢ குடிநீரை எப்போதும் மூடிவைக்க வேண்டும். ➢ கிணறு மற்றும் ஆறு போன்றவற்றிலிருந்து எடுக்கும் குடிநீரை நன்கு காய்ச்சி குடிக்க வேண்டும். ➢ கழிப்பிடத்தை உபயோகிக்க வேண்டும். தடுப்பூசிகள் ➢ குழந்தைகளுக்கு சரியான நேரத்தில் குறிப்பாக தட்டம்மை தடுப்பூசி வழங்க வேண்டும். ➢ ஊட்டச்சத்து ஏ திரவத்தை கொடுத்தல்			
6	மேல்சுவாச மண்டல நோய் என்பது	2 நிமிடம்	மேல்சுவாச மண்டல நோய் மேல் சுவாச மண்டல நோய் என்பது சுவாச மண்டலத்தின் மேல் பாதி அதாவது நாசி, நடுகாது, தொண்டை இவற்றைத் தாக்கி அறிகுறிகளை வெளிப்படுத்துவது ஆகும்.	விளக்கவுரை	கலந்துரையாடல் மற்றும் பங்கேற்றல்	மேல்சுவாச மண்டல நோய் என்றால் என்ன ?

7.	மேல்சுவாச மண்டல நோயின் நிகழ்வுகள்	3 நிமிடம்	6–12 வயதிற்குட்பட்ட குழந்தைகள் வளரும் பருவத்தில் இருப்பதாலும், இவர்களின் சுவாசக் குழாய் சிறியதாகவும், நோய்த்தடுப்பு சக்தி குறைவாக இருப்பதனாலும் 18 விழுக்காடு சதவீதம் இந்நோய்க்கு உள்ளாகின்றனர்.	விளக்கவுரை	கலந்துரையாடல் மற்றும் பங்கேற்றல்	மேல் சுவாச மண்டல நோயின் நிகழ்வுகள் யாவை ?
8.	காரணங்கள்	3 நிமிடம்	காரணங்கள் ➢ வைரஸ் ➢ பாக்டீரியா ➢ பூஞ்சை	விளக்கவுரை	கலந்துரையாடல் மற்றும் பங்கேற்றல்	மேல் சுவாச மண்டல நோயின் காரணங்ள் யாவை ?
9.	சுவாச மண்ல நோயின் அறிகுறிகள்	3 நிமிடம்	அறிகுறிகள் ➢ மூக்கு ஒழுகுதல் ➢ இருமல் ➢ காய்ச்சல் ➢ காதுவலி	விளக்கவுரை	கலந்துரையாடல் மற்றும் பங்கேற்றல்	மேல் சுவாச மண்டல நோயின் அறிகுறிகள் யாவை ?
10	சிகிச்சை முறைகள்	15 நிமிடம்	மூக்கு ஒழுகுதல் ➢ குழந்தையின் நாசியை தனித்தனியே சுத்தம் செய்ய வேண்டும். இல்லையென்றால்			

			நாசியுடன் தொடர்புள்ள கிருமிகள் காதினுள்ளும் சென்னுவிடும். ➢ குளிர்ந்த உணவுப் பொருட்களை கொடுப்பதைக் தவிர்க்க வேண்டும். ➢ குழந்தைகளை அதிக நேரம் தண்ணீரில் நிறுத்தி வைக்காதீர்கள். இதனால் நோய்பரவாது, ஆனால் இருக்கும் நோயை அதிகரிக்கலாம்.			
			இருமல் ➢ இருமல் என்பது உடலின் மூச்சுப்பையின் இயற்கையாக சுத்தம் செய்யும் ஒரு செயல்பாடு. இதனால் நாம் உட்கொண்ட கிருமிகள் வெளிவருகின்றன. ➢ இருமல் என்பது உடலின் மூச்சுப்பையின் இயற்கையாக சுத்தம் செய்யும் ஒரு செயல்பாடு. இதனால் நாம் உட்கொண்ட கிருமிகள் வெளிவருகின்றன.			

			➢ சுவாசக் குழாயின் களி அடைப்பைக் குறைக்க வெந்நீர் உட்கொள்ள செய்ய வேண்டும். ➢ போதுமான ஓய்வு தரவேண்டும். ➢ நீராவி பிடிக்க செய்தால் அதைத்த சளியை வெளிவரச் செய்யும் ➢ வீட்டின் தூய்மையை பின்பற்ற வேண்டும்.			
			காய்ச்சல் ➢ அதிக அளவு காய்ச்சி வடிகட்டிய தண்ணீரை பருக கொடுக்க வேண்டும். ➢ பருத்தி ஆடைகளை அணிய கொடுக்க வேண்டும். ➢ ஈரத்துணியை கொண்டு உடலை துடைத்து விட வேண்டும். ➢ அதிகமான காய்ச்சல் இருந்தால் மருத்துவமனைக் அழைத்துச் செல்ல வேண்டும். ➢ தாய்ப்பால் தொடர்ந்து கொடுக்க வேண்டும்.			

			➢ ஊட்டசத்துள்ள உணவை குழந்தைக்கு கொடுக்க வேண்டும். ➢ போதுமான அளவு ஓய்வு தரவேண்டும்.			
11	பரவும் முறைகள்	3 நிமிடம்	பரவும் முறைகள் ➢ ஒருவர் இருமும் பொழுதோ, தும்மும் பொழுதோ பரவும் ➢ தடுப்பூசி சரியான முறையில் கொடுக்காததால் ஊட்டச்சத்து குறைவினால்	கையேடு மூலம் விளக்கவுரை	கலந்துரையாடல் மற்றும் பங்கேற்றல்	பரவும் முறைகள் யாவை ?
12.	வீட்டில் ஏற்படும் சிறு சிறு விபத்துக்கள்	30 நிமிடம்	வீட்டில் ஏற்படும் சிறுசிறு விபத்துக்கள் ➢ வெட்டுக்காயம் ➢ தவறுதலாக மருத்துப் பொருட்களை உட்கொள்ளுதல் ➢ தீக்காயம் ➢ கீழே விழுதல் ➢ உணவுப் பொருட்கள் அல்லாத பிற பொருட்களை உட்கொள்ளுதல்	வண்ணப்பட அட்டை மூலம் விளக்குதல்	கலந்துரையாடல் மற்றும் பங்கேற்றல்	வீட்டில் ஏற்படும் சிறுசிறு விபத்துக்கள் மற்றும் தடுப்பு முறைகள் யாவை ?

			வெட்டுக்காயம் ➢ கூர்மையான கத்தி, ப்ளேடு மற்றும் மற்ற பொருட்களுடன் குழந்தைகள் விளையாடுவதாலும் மற்றும் கதவு இடுக்குகளில் கை வைப்பதாலும் வெட்டுக்காயம் ஏற்படுகின்றது. சிகிச்சை முறைகள் ➢ அதிக இரத்தப்போக்கு இருந்தால் வெள்ளைத் துணியை வைத்துக் கட்டி அருகிலுள்ள மருத்துவமனைக்கு அழைத்துச் செல்ல வேண்டும். தடுப்பு முறைகள் ➢ குழந்தைகளுக்கு அருகில் கூர்மையான ஆயுதங்களையோ, பொருட்களையோ வைக்கக் கூடாது. ➢ கதவு அருகே குழந்தைகளை விளையாட விடக்கூடாது. ➢ கதவை எப்போதும் மூடி வைத்திருக்க வேண்டும்			

			கீழே விழுதல் ➢ குழந்தைகள் தவழும் வயதில் தொட்டியிலிருந்து கீழே விழும் அபாயம் உள்ளது. தடுப்பு முறைகள் ➢ குழந்தைகளை வேலைசெய்யும் பொழுது தரையில் படுக்க வைக்க வேண்டும். ➢ குழந்தைகளை மாடிப்படி மற்றும் ஏணி அருகே விளையாட விடக் கூடாது. **சிகிச்சை முறைகள்** ➢ குழந்தைகள் கீழே விழுந்து அடிப்பட்டால் உடனே அருகிலுள்ள மருத்துமனைக்கு அழைத்துச் செல்ல வேண்டும். தீக்காயம் ➢ வீட்டில் பெருமளவு ஏற்படும் விபத்து தீக்காயம் ஆகும்.			

			காரணங்கள் ➢ குழந்தைகள் வீட்டில் விளையாடும் பொழுதோ, தவழும் பொழுதோ, சுடுதண்ணீர், டீ, காபி மற்றும் சூடான பொருட்கள் அருகில் இருப்பதால். ➢ தரையில் அடுப்பு மற்றும் தீக்குச்சிகளை வைப்பதால். சிகிச்சை முறைகள் ➢ குழந்தைகளை உடனே அருகிலுள்ள மருத்துவ மனைக்க்கு அழைத்துச் செல்ல வேண்டும். ➢ குழந்தைகளின் மேல் உள்ள துணிகளை விலக்க வேணடும். தடுப்பு முறைகள் ➢ குழந்தைகளை சூடான பொருட்களுக்கு அருகில் விளையாட விடக் கூடாது. ➢ குழந்தைகளை மடியில் வைத்துக் கொண்டு சூடான பொருட்களை அருந்தக் கூடாது.			

			➢ குழந்தைகளுக்கு தீக்காயம் ஏற்பட்டால் அதன் மேல் பேனா மை மறும் ஐஸ் கட்டிகளை வைக்க கூடாது. உணவுப் பொருட்கள் அல்லாத பொருட்களை உட்கொள்ளுதல் குழந்தைகள் விளையாடும் பொழுது தரையில் உள்ள காசு, சிறிய பேட்டரி, பட்டன், மண் மற்றும் ஊக்கு போன்ற பொருட்களை எடுத்து விழுங்கி விடுகிறார்கள். காது, மூக்கு போன்ற துவாரங்களிலும் நுழைந்து கொள்கின்றன. தடுப்பு முறைகள் ➢ குழந்தைகள் விளையாடும் இடங்களில் இதுபோன்ற பொருட்களை வைக்கக் கூடாது. ➢ கவனிப்பாக குழந்தைகளை பார்த்துக் கொள்ள வேண்டும். சிகிச்சை முறைகள் ➢ குழந்தைகள் விழுங்கிய பொருட்களை நாமே எடுக்க முயற்ச்சிக்க கூடாது.			

			➢ அருகிலுள்ள மருத்துவமனைக்கு உடனே அழைத்துச் செல்ல வேண்டும். தவறுதலாக மருந்துப் பொருட்களை உட்கொள்ளுதல் குழந்தைகள் வீட்டிலுள்ள மருந்துப் பொருட்கள் மற்றும் மண்ணென்னெய் மற்றும் எண்ணெய் போன்ற பொருட்களை உட்கொண்டு விடுகின்றனர். தடுப்பு முறைகள் ➢ குழந்தைகளுக்கு அருகில் இந்தப் பொருட்களை வைகக கூடாது. ➢ மருந்துப் பொருட்களை எப்பொழுதும் அலமாரியில் வைத்துப் பூட்டி வைக்க வேண்டும். ➢ குடிதண்ணீர் அருகே மண்ணென்னெய் மற்றும் பிறபொருட்களை வைக்கக் கூடாது. ➢ குழந்தைகளுக்கு அருகில் சிறுசிறு பொருட்களை வைத்து விளையாடக் கூடாது.			

			சிகிச்சை முறைகள் ➢ குழந்தைகளை உடனே அருகிலுள்ள மருத்துவ மனைக்கு அழைத்துச் செல்ல வேண்டும்.			

முடிவுரை

இதுவரை நாம் 6 –12 மாத வயதிற்குட்பட்ட குழந்தைகளுக்கு ஏற்படும் வயிற்றுப்போக்கு, மேல்சுவாச மண்டல நோய் மற்றும் வீட்டில் ஏற்படும் சிறுசிறு விபத்துகளுக்கான தடுப்பு மற்றும் சிகிச்சை முறைகளைப் பற்றி விரிவாகப் பார்த்தோம். நீங்கள் அனைவரும் இப்போது இந்நோய்களுக்கான தடுப்பு மற்றும் சிகிச்சை முறைகளை அறிந்து கொண்டதுடன் மட்டுமின்றி அதைத் தடுக்கும் செல்முறைகளை உங்கள் தினசரி வாழ்விலும் கடைப்பிடிப்பீர்கள் என நம்புகிறேன்.

நன்றி.

APPENDIX – F

LETTER SEEKING PERMISSION TO CONDUCT THE RESEARCH STUDY

From

Ms. G. Karthiga,
II Year M.Sc(N),
Dr. G. Sakunthala College of Nursing,
Thiruvanaikovil,
Trichy – 5.

To

The Principal,
Dr. G. Sakunthala College of Nursing,
Thiruvanaikovil,
Trichy – 5.

Respected Madam,

Sub: *Letter seeking permission to conduct the study.*

I am final year M.Sc., Nursing student of Dr. G. Sakunthala College of Nursing. I would like to conduct a study as a part of partial fulfillment for the degree of masters in Nursing. The statement of the problem is "A Pre Experimental study to evaluate the effectiveness of Information, Education and communication package on knowledge and expressed practices of prevention and management of common problems during infancy on mothers of infant in Srirangam, Trichy during the year 2010-2011". Kindly grant me permission to conduct the study.

Thanking you in anticipation.

Your's faithfully,
G. Karthiga

REQUISITION LETTER TO MEDICAL GUIDE

From

Ms. G. Karthiga,
II yr. M.Sc(N),
Dr. G. Sakunthala College of Nursing,
Trichy.

To

Dr. V. Kanagaraj, M.D., D.C.H., D.L.O.,
GVN Hospital,
Trichy.

Respected Sir,

Sub: *Requesting permission for the guidance to conduct the study, regarding .....*

I am studying in II yr. M.Sc. (N) at Dr. G. Sakunthala College of Nursing, Trichy. I would like to conduct a study as a partial fulfillment for the degree of M.Sc.(N)., the statement of the problem is : "A Pre Experimental study to evaluate the effectiveness of Information, Education and communication package on knowledge and expressed practices of prevention and management of common problems during infancy on mothers of infant in Srirangam, Trichy, 2010".

I humbly request you to guide me and kindly give suggestions for conducting the study, I will be thankful sir.

Thanking you in anticipation

Place: Yours sincerely,

Date:

(Ms. G. Karthiga)